Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

SIGN

HERE

SIGN HERE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public

					Inspection		
Part I		tification Information					
For caler	ndar plan year 2009 or fiscal	olan year beginning 01/01/2009		and ending 12/31/20	009		
A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or							
	·	a single-employer plan;	a DFE (sp	pecify)			
			_				
B This r	eturn/report is:	the first return/report;	\times the final re	eturn/report;			
		an amended return/report;	a short pla	an year return/report (less tha	an 12 months).		
C If the	plan is a collectively-bargaine	ed plan, check here					
D Check	k box if filing under:	X Form 5558;	automatio	extension;	the DFVC program;		
		special extension (enter des	cription)		_		
Part I	I Basic Plan Inform	nation—enter all requested informa	tion				
1a Nam	•				1b Three-digit plan	001	
C-TECH INDUSTRIES, INC. 401 (K) PROFIT SHARING PLAN AND TRUST				number (PN) ▶ 1c Effective date of pla			
					01/01/1995		
		s (employer, if for a single-employer p	olan)		2b Employer Identificat	ion	
`	ress should include room or s INDUSTRIES, INC.	suite no.)			Number (EIN) 43-1791971		
O ILOII	INDOOTRIEG, INO.				2c Sponsor's telephone		
					number 360-833-1600		
	PACIFIC RIM BLVD		PACIFIC RIM BLVD		2d Business code (see		
CAMAS,	WA 98607	CAMAS, V	VA 98607		instructions)		
					333900		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.							
						_	
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	09/06/2011	RHONDA KOVACH			
	Signature of plan adminis	trator	Date	Enter name of individual sig	ning as plan administrator		

09/08/2011

Date

Date

DONITA GARDNER

Enter name of individual signing as employer or plan sponsor

Signature of DFE Enter name of individual signing as DFE For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

Form 5500 (2009) v.092307.1

	Form 5500 (2009)	Page	<u>،</u> 2						
	1 01111 3300 (2009)	ı ayı	C Z						
	Plan administrator's name and address (if same as plan sponsor, enter "Same")							dministrator's I	EIN
C-	FECH INDUSTRIES, INC.							-1791971 Iministrator's t	alanhana
	75 NW PACIFIC RIM BLVD MAS, WA 98607							ımber	elepriorie
							36	0-833-1600	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed	l for th	nis n	olan e	nter th	name FII	N and	4b EIN	
•	the plan number from the last return/report:	2 101 111	iio p	nan, c	intor tir	o namo, En	i v ana	15 2111	
а	Sponsor's name							4c PN	
5	Total number of participants at the beginning of the plan year						5		496
6	Number of participants as of the end of the plan year (welfare plans complete only lines	6a, 6k	b, 6	c, and	d 6d).		J		400
а	Active participants						<u>6a</u>		(
b	Retired or separated participants receiving benefits						6b		(
C	Other retired or separated participants entitled to future benefits						6c		(
٠.									
d	Subtotal. Add lines 6a, 6b, and 6c						6d		(
е	Deceased participants whose beneficiaries are receiving or are entitled to receive beneficiaries	fits					6e		(
f	Total. Add lines 6d and 6e						6f		(
g	Number of participants with account balances as of the end of the plan year (only define complete this item)						6g		(
h	Number of participants that terminated employment during the plan year with accrued be	anafita	e the	at war					
	less than 100% vested						6h		(
7	Enter the total number of employers obligated to contribute to the plan (only multiemploy	yer pla	lans	comp	olete th	s item)	7		
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the 2E 2F 2G 2J 2K 3D 3H	ne List	of F	Plan C	Charact	eristic Code	es in the	instructions:	
	ZL 21 20 20 2N 3D 3H								
b	f the plan provides welfare benefits, enter the applicable welfare feature codes from the L	ist of	Pla	n Cha	racteri	stic Codes i	in the ins	tructions:	
9a	Plan funding arrangement (check all that apply) 9b Plan	benef	fit a	rrange	ement	check all th	nat apply))	
	(1) Insurance (1)			Insur	ance				
	(2) Code section 412(e)(3) insurance contracts (2)					n 412(e)(3)) insuran	ce contracts	
	(3) X Trust (3)	2	X	Trust					
10	(4) General assets of the sponsor (4)	ا ماددر ام				ets of the s	<u> </u>	ahad (0'-	atri ratio \
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and	iu, wne	ете	muica	nea, er	ter the num	ibei attat	cried. (See ins	suucuons)
а	Pension Schedules b Gen	eral S	Sche				,		
	(1) X R (Retirement Plan Information) (1))	^		H (Fir	ancial Infor	rmation)		

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

G (Financial Transaction Schedules)

C (Service Provider Information)D (DFE/Participating Plan Information)

A (Insurance Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Service Provider Information

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

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	and ending 12/31/2009
A Name of plan	B Three-digit
C-TECH INDUSTRIES, INC. 401 (K) PROFIT SHARING PLAN AND TRUST	plan number (PN) • 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
C-TECH INDUSTRIES, INC.	` '
o rearring of mee, mo.	43-1791971
Part I Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the information or more in total compensation (i.e., money or anything else of monetary value) in connecti plan during the plan year. If a person received only eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of	on with services rendered to the plan or the person's position with the ch the plan received the required disclosures, you are required to
1 Information on Persons Receiving Only Eligible Indirect Compensa	ation
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of	this Part because they received only eligible
indirect compensation for which the plan received the required disclosures (see instruction	ns for definitions and conditions)
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see in	
(b) Enter name and EIN or address of person who provided you of	disclosures on eligible indirect compensation
CAPITAL RESEARCH & MANAGEMENT CO.	
95-1411037	
(b) Enter name and EIN or address of person who provided you of	disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you d	disclosures on eligible indirect compensation
(1)	
(b) Enter name and EIN or address of person who provided you d	lisclosures on eligible indirect compensation

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

answered	l "yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in to	otal compensation		
(a) Enter name and EIN or address (see instructions)								
CAPITAL R	RESEARCH & MANAG	<u> </u>						
95-1411037	7							
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
64 52 60 62 25 49 72 37	RECORDKEEPER	4500	Yes 🛛 No 🗌	Yes 🛛 No 🗌	0	Yes X No		
		(a) Enter name and EIN or	address (see instructions)				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) Yes No	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? Yes No	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount? Yes No		
			3) Enter name and EIN or	address (see instructions)				
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
			Yes No	Yes No	(f). If none, enter -0	Yes No		

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	(a) Enter name and EIN or address (see instructions)						
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?	
					(f). If none, enter -0		
			Yes No	Yes No		Yes 📗 No 📗	
		(a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
()		by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest	Citici o .	sponsor)	disclosures?	compensation for which you answered "Yes" to element		
					(f). If none, enter -0		
			Yes No	Yes No		Yes No	
			->-				
		(a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
, ,	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest	0.1.01	sponsor)	disclosures?	compensation for which you answered "Yes" to element		
					(f). If none, enter -0		
			Yes No	Yes No		Yes No	

Schedule	C	(Form	5500)	2009
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Part I Service Provider Information (continued)

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

many entiries as needed to report the required information for each source.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(a) Describe the indirect	compensation, including any
(a) Enter name and Env (address) of source of maneer compensation	formula used to determine	the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

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Part II Service Providers Who Fail or Refuse to Provide Information					
4 Provide, to the extent possible, the following information for earthis Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)				
а	Name:	b EIN:		
С	Position:			
d	Address:	e Telephone:		
Ex	xplanation:			
а	Name:	b EIN:		
C	Position:	4 2		
d	Address:	e Telephone:		
Ex	xplanation:			
а	Name:	b EIN:		
C	Position:	D EIII.		
d	Address:	e Telephone:		
Ex	xplanation:			
а	Name:	b EIN;		
C	Position:	D LIN,		
d	Address:	e Telephone:		
	Address.	• relephone.		
Ex	xplanation:			
а	Name:	b EIN;		
C	Position:			
d	Address:	e Telephone:		
Ex	xplanation:			

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009		and ending 12/31/2	009		
A Name of plan		B Three-digit			
C-TECH INDUSTRIES, INC. 401 (K) PROFIT SHARING PLAN AND TRUST		plan numb	er (PN)	•	001
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Id	lentification N	umbor (E	:INI)
C-TECH INDUSTRIES, INC.		D Employer id	enuncation iv	umber (E	:IIN)
o reoringoonded, ino.		43-1791971			
Part I Asset and Liability Statement					
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of lines 1c(9) through 1c(14). Do not enter the value of that portion of an insuran benefit at a future date. Round off amounts to the nearest dollar. MTIAs, 0 and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. So	more than one ice contract wh CCTs, PSAs, ai	plan on a line-by-line basis ich guarantees, during this plat 103-12 IEs do not complete.	unless the va plan year, to p	llue is rep pay a spe	oortable on cific dollar
Assets		(a) Beginning of Year		(b) End	of Year
a Total noninterest-bearing cash	1a		0		0
b Receivables (less allowance for doubtful accounts):					
(1) Employer contributions	1b(1)		0		0
(2) Participant contributions	1b(2)		0		0
(3) Other	1b(3)		0		0
C General investments:					
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2637	669		0
(2) U.S. Government securities	1c(2)		0		0
(3) Corporate debt instruments (other than employer securities):					
(A) Preferred	1c(3)(A)		0		0
(B) All other	1c(3)(B)		0		0
(4) Corporate stocks (other than employer securities):					
(A) Preferred	1c(4)(A)		0		0
(B) Common	1c(4)(B)		0		0
(5) Partnership/joint venture interests	1c(5)		0		0
(6) Real estate (other than employer real property)	1c(6)		0		0
(7) Loans (other than to participants)	1c(7)		0		0
(8) Participant loans	1c(8)	397	172		0
(9) Value of interest in common/collective trusts	1c(9)		0		0
(10) Value of interest in pooled separate accounts	1c(10)				
(11) Value of interest in master trust investment accounts	1c(11)		0		0
(12) Value of interest in 103-12 investment entities	1c(12)		0		0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5561	731		

1c(14)

(14) Value of funds held in insurance company general account (unallocated

(15) Other.....

0

0

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
е	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	8596572	0
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	8596572	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	361369	
(B) Participants	2a(1)(B)	462817	
(C) Others (including rollovers)	2a(1)(C)	58048	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		882234
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	21924	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21924
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	111351	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		111351
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
((10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1251652
С	Other income	2c		0
d	Total income. Add all income amounts in column (b) and enter total	2d		2267161
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	844683	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		844683
_	Corrective distributions (see instructions)	2f		0
	Certain deemed distributions of participant loans (see instructions)	2g		40205
	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	4500	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4500
i	Total expenses. Add all expense amounts in column (b) and enter total	2j		889388
J	Net Income and Reconciliation	,		
ŀ	Ī	2k		1377773
-	Net income (loss). Subtract line 2j from line 2d	211		
•	Transfers of assets:	2l(1)		0
	(1) To this plan	21(1)		9974345
	(2) From this plan	ZI(Z)		
Pa	art III Accountant's Opinion			
	Complete lines 3a through 3c if the opinion of an independent qualified public acattached.	ccountant is	attached to this Form 5500. Comp	plete line 3d if an opinion is not
a 1	The attached opinion of an independent qualified public accountant for this plan	is (see insti	ructions):	
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
b [Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	-8 and/or 10	3-12(d)?	X Yes No
C	Enter the name and EIN of the accountant (or accounting firm) below:			
	(1) Name: ANTON COLLINS MITCHELL, LLP		(2) EIN: 01-0724563	
d 1	The opinion of an independent qualified public accountant is not attached beca			
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attach	ned to the ne	ext Form 5500 pursuant to 29 CFF	₹ 2520.104-50.

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Par	t IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 42 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or	5.	
	During	the plan year:		Yes	No	Amou	ınt
а	period	here a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ally corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is			X		
С	Were	ed.)any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4b 4c		X		
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
_				X			500000
e f	Did the	his plan covered by a fidelity bond?e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4e		X		300000
g	Did the	e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4f		X		
L			4g		^		
h	detern	e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		Х		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i		X		
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k	X			
I	Has th	ne plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m	X			
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	X			
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	X No	Amou	nt:	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, ident	fy the pla	ın(s) to wh	nich assets or liabil	ities were
	5b(1)	Name of plan(s)			5b(2) EIN	l(s)	5b(3) PN(s)
KARC	HER F	FLOOR CARE EMPLOYEE SAVINGS PLAN		04-3511	643		001

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

File as an attachment to Form 5500.

Retirement Plan Information

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

	· ····································							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and e	ending	12/31/2	009	T			
	Name of plan		Three-digit					
C-TE	ECH INDUSTRIES, INC. 401 (K) PROFIT SHARING PLAN AND TRUST		plan numb	er	001			
			(PN)	<u> </u>	001			
		_						
	Plan sponsor's name as shown on line 2a of Form 5500	D E	Employer Id	entifica	ition Number	(EIN)		
C-TE	ECH INDUSTRIES, INC.		43-17919	71				
Pa	art I Distributions							
All	references to distributions relate only to payments of benefits during the plan year.							
1	Total value of distributions paid in property other than in cash or the forms of property specified in the							
	instructions		1					0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur	ina the	vear (if mor	e than	two enter FI	Ns of	the ty	ν ο
_	payors who paid the greatest dollar amounts of benefits):	90) ou. (o.	0 111011				
	EIN(s):20-3691958							
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			1				
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the	•						
	year							
P	art II Funding Information (If the plan is not subject to the minimum funding requirements of	of section	on of 412 of	the Int	ernal Revenu	ie Co	de or	
4	ERISA section 302, skip this Part)		П	V	Пма		П.	N1/A
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		📙	Yes	∐ No		Ш'	N/A
	If the plan is a defined benefit plan, go to line 8.							
5	If a waiver of the minimum funding standard for a prior year is being amortized in this							
	plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Mon			,		ar		_
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	mainde	er of this so	hedul	е.			
6	a Enter the minimum required contribution for this plan year		6a					
	b Enter the amount contributed by the employer to the plan for this plan year		6b					
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result							
	(enter a minus sign to the left of a negative amount)		6с					
	If you completed line 6c, skip lines 8 and 9.							
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?		П	Yes	No		П	N/A
				103			⊔ '	<u> </u>
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure pro	viding						
	automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator	•	П	Yes	□ No		\Box	N/A
	with the change?		Ц	103			□ '	<u> </u>
Pa	art III Amendments							
9	If this is a defined benefit pension plan, were any amendments adopted during this plan							
	year that increased or decreased the value of benefits? If yes, check the appropriate		Пъ		□ Bast			
	box(es). If no, check the "No" box		Decre		Both		_ No	ر ——
Pa	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975	(e)(7) of	f the Interna	l Reve	nue Code,			
10	skip this Part.				П	res	П	Na
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repare						<u> </u>	No
11	a Does the ESOP hold any preferred stock?				U	es/	Ш	No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a " (See instructions for definition of "back-to-back" loan.)				_ \ \	⁄es		No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?					⁄es	$\overline{\Box}$	No
. 4	boos the book hold any stock that is not readily tradable on an established securities indiket?				'		1 1	

Page 2-	1	
rage z -	1	

Pa	rt V	t V Additional Information for Multiemployer Defined Benefit Pension Plans						
13			llowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ee instructions. Complete as many entries as needed to report all applicable employers.					
	а	Name of contributing employer						
	b	EIN	C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d	Date c	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b b	EIN	C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е							

Pac	ae	3
	,~	•

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ike an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, chapplemental information to be included as an attachment.		
Pa	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	it Pension Plans	
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment		
19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	a Enter the percentage of plan assets held as:		
	Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:	_% Other:%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-2	21 years 21 years or mo	re
	C What duration measure was used to calculate item 19(b)?	, U , 11 1	
	☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):		

Financial Statements and Supplemental Schedule

As of January 1, 2010 and December 31, 2009 and 2008 and for the One Day Period Ended January 1, 2010 and the Year Ended December 31, 2009





Financial Statements and Supplemental Schedule

As of January 1, 2010 and December 31, 2009 and 2008 and for the One Day Period Ended January 1, 2010 and the Year Ended December 31, 2009

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Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – As of December 31, 2009	14



Independent Auditors' Report

To the Plan Administrator of C-Tech Industries, Inc. 401(k) Profit Sharing Plan and Trust:

We were engaged to audit the accompanying statements of net assets available for plan benefits of C-Tech Industries, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") as of January 1, 2010 and December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the one day period ended January 1, 2010 and for the year ended December 31, 2009 and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Capital Bank and Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

The Plan was merged into the Kärcher North America Inc., 401(k) Savings Plan (formerly the Kärcher Floor Care Employee Savings Plan) effective January 1, 2010, as further discussed in Note 1.

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

anton Collins Mitchell LLP

October 4, 2010 Denver, Colorado



Financial Statements

Statements of Net Assets Available for Plan Benefits

	Janua 20	• /	December 31, 2009	December 31, 2008
Assets Investments (Notes 2, 3, 4, and 6), at fair value Receivables:	\$	-	\$ 9,962,554	\$ 8,558,377
Employer profit sharing contributions (Note 1) Employer match contributions (Note 1)		-	- 11,791	56,368 10,666
Total receivables		-	11,791	67,034
Net assets available for plan benefits	\$	-	\$ 9,974,345	\$ 8,625,411

See accompanying independent auditors' report and notes to financial statements.

Statements of Changes in Net Assets Available for Plan Benefits

	·	Year Ended December 31, 2009
Additions to (deductions from) net assets attributed to:		
Contributions:		
Employer, net of forfeitures	\$ -	\$ 294,335
Participants	-	462,817
Rollover	-	58,048
Total contributions	-	815,200
Investment income (Notes 2, 2 and 6).		
Investment income (Notes 2, 3 and 6): Net appreciation in fair value of investments	_	1,251,652
Interest and dividends	_	111,351
Interest income on participant loans	_	21,924
Total investment income	-	1,384,927
		<u> </u>
Benefits paid to participants and deemed loans	-	(846,693)
Administrative expenses (Note 1)	-	(4,500)
Transfer of assets into other plan due to plan merger (Note 1)	(9,974,345)	
Total deductions	(9,974,345)	(851,193)
Net (decrease) increase	(9,974,345)	1,348,934
Net assets available for plan benefits, beginning of period or year	9,974,345	8,625,411
Net assets available for plan benefits, end of period or year	\$ -	\$ 9,974,345

See accompanying independent auditors' report and notes to financial statements.

Notes to Financial Statements

1. PLAN DESCRIPTION

The following description of the C-Tech Industries, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established January 1, 1995 and restated effective January 1, 2008 as a Safe Harbor plan and was a defined contribution plan covering eligible employees of C-Tech Industries, Inc. (the "Company"). The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Plan benefits were not guaranteed by the Pension Benefit Guaranty Corporation.

Plan Merger

The Plan was merged into the Kärcher North America Inc., 401(k) Savings Plan (formerly the Kärcher Floor Care Employee Savings Plan) ("Kärcher Plan") effective January 1, 2010 (the "Plan Merger"). The merger initiated a "blackout period" beginning December 22, 2009 continuing through January 18, 2010. During the blackout period, participants were unable to engage in certain transactions. Proper notification of the blackout period was made to participants. As of the Plan Merger date, the Company's employees were eligible to participate in the Kärcher Plan and all assets of the Plan, totaling \$9,974,345 were transferred into the Kärcher Plan.

Trustee and Administration of the Plan

The trustee and record keeper of the Plan was Capital Bank and Trust ("Trustee"). The administrator of the Plan was the Company. Capital Bank and Trust held all assets of the Plan in accordance with the provisions of the trust and service provider contract with the Company. The assets of the Plan were invested in registered investment companies and a money market fund.

Eligibility

The Plan was a qualified defined contribution plan available to eligible employees, as defined in the Plan Document. Employees who had completed six months of service, were at least 21 years of age and who were not members of a collective bargaining unit, non-resident aliens, leased employees, or independent contractors who were reclassified by the Internal Revenue Service ("IRS") as employees were eligible to participate in the Plan. The plan entry date was the first day of the month following meeting the eligibility requirements.

Notes to Financial Statements

1. PLAN DESCRIPTION (CONTINUED)

Rollovers

An employee could make rollover contributions from another qualified plan or an Individual Retirement Account ("IRA") if certain criteria were met as set forth in the Plan Document.

Contributions

Participants could contribute on a pre-tax basis up to 100% of their annual compensation to the Plan, not to exceed Internal Revenue Code ("IRC") limits of \$16,500 for the year ended December 31, 2009. Participants age 50 and over could defer an additional \$5,500 of catch-up contributions for 2009. For the year ended December 31, 2009, the Company's Safe Harbor match was 100% of participant contributions up to 4% of a participant's compensation. The Company could also make a discretionary profit sharing contribution to the Plan. In order to share in the profit sharing contribution, the employee had to be eligible for the Plan, have at least 1,000 hours of service in the plan year, and be employed on the last day of the plan year. The employer profit sharing contribution (which was determined under the prior plan document) was \$56,368 for the year ended December 31, 2007 and was contributed on August 27, 2009. There was no profit sharing contribution for the years ended December 31, 2009 or 2008.

Participant Accounts

Each participant's account was credited with the participant's contributions, the employer's contributions, earnings or losses on investments and was charged with the participant's withdrawals and distributions from their accounts. Investment earnings or losses were allocated to each participant's account in the proportion that the balance of each participant's account bore to the total balance of all participants in each investment fund. The benefit to which a participant was entitled was the benefit that could be provided from the participant's account.

Investment Options

Participants could direct the investment of their account balance into various investment options offered by the Plan. The Plan offered investment options in registered investment companies and a money market fund. Participants could change their investment directions at any time subject to such restrictions and procedures as were established by the record keeper and the investment fund prospectus.

Notes to Financial Statements

1. PLAN DESCRIPTION (CONTINUED)

Vesting

Participants were immediately vested in their voluntary contributions and Safe Harbor contributions plus earnings thereon. Employer profit sharing contributions vested according to the following schedule:

Years of Service	Vesting Percentage
Less than 3	0%
3	100%

Participants were also fully vested if they died, reached normal retirement age, or were disabled. Participants continue to vest in their employer contributions under the Kärcher Plan.

Loans to Participants

Participants could borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000. Loans could not exceed 50% of the participant's vested account balance. The loans were secured by the vested balance in the participant's account, bore reasonable interest at rates as determined at the time of the loan, were fixed for the term of the loan and were commensurated with local prevailing rates as determined by the plan administrator. As of December 31, 2009, interest rates on loans outstanding ranged from 4.25% to 9.50%. Principal and interest were paid ratably through payroll deductions. Loan terms could not exceed five years except for the purchase of a primary residence.

Outstanding loan balances of \$521,763 at December 31, 2009 were transferred to the Kärcher Plan on January 1, 2010.

Payment of Benefits

Upon attaining normal retirement age of 59½, death, disability or termination of employment, a participant or his or her beneficiary could elect to receive either a lump-sum amount equal to the participant's vested account balance or receive installment payments equal to the participant's vested balance over a period not more than the participant's assumed life expectancy. A participant could also roll over their balance to another qualified plan or individual retirement account. Hardship withdrawals were also allowed by the Plan if certain criteria were met.

Notes to Financial Statements

1. PLAN DESCRIPTION (CONTINUED)

Forfeitures

Forfeitures of nonvested benefits were available to first pay plan expenses and then reallocated as an additional profit sharing contribution. As of January 1, 2010, December 31, 2009 and 2008 forfeited nonvested accounts totaled \$0, \$635 and \$8,417, respectively. During the plan year ended December 31, 2009, forfeitures of \$525 were utilized to pay plan expenses, \$9,453 were applied towards profit sharing contributions, and \$635 was transferred out to the Kärcher Plan on January 1, 2010 due to the Plan Merger.

Administrative Expenses

The Company had full discretionary authority to allocate to participants' accounts any reasonable plan expenses that were not paid by the Company. For the year ended December 31, 2009, expenses of \$4,500 were paid by the Plan. All other expenses related to administering the Plan were paid by the Company. There were no expenses for the one day period ended January 1, 2010.

Plan Termination

The Company had the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Notes to Financial Statements

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments were stated at fair value as further described in Note 4, *Fair Value Measurements*. Fair value was the price that could be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was accrued when earned. Dividend income was recorded on the ex-dividend date. The net appreciation or depreciation in the fair value of investments consisted of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Benefit Payments

Benefits paid to participants and beneficiaries were recorded upon distribution.

Contributions

Participant contributions and related employer contributions were recognized in the period during which the Company made payroll deductions from the participant's compensation.

Recent Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board ("FASB") issued guidance, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles* ("GAAP"). This Codification became the single source of authoritative GAAP. This guidance was adopted by the Plan effective July 1, 2009 and had no impact on the Plan's financial statements.

For the year ended December 31, 2009, the Plan adopted the FASB's update to general standards on accounting for disclosures of events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. The adoption of this guidance did not materially impact the Plan's financial statements. See Note 9, *Subsequent Events*, for further discussion of subsequent events.

Notes to Financial Statements

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recent Accounting Pronouncements (Continued)

In 2009, the FASB issued new guidance which expanded fair value disclosures and required that major categories for debt and equity securities in the fair value hierarchy table are determined based on the nature and risks of the investments. The adoption of this guidance did not have material effect on the Plan's financial statements, and was adopted prospectively.

3. INVESTMENTS

Investments at fair value which exceed five percent of net assets available for plan benefits are as follows:

	Janua 20	•	December 31, 2009	December 31, 2008
American Funds Money Market Fund	\$	-	\$ 2,580,689	\$ 2,637,670
American Funds Washington Mutual Fund		-	998,557	881,134
American Funds Growth Fund of America		-	1,010,404	803,971
American Funds Intermediate Bond Fund		-	563,888	587,066
American Funds EuroPacific Growth Fund		-	716,301	530,199
American Funds U.S. Government Securities				
Fund		-	494,118*	431,886
Allianz NFJ Small Cap Value Fund		-	583,852	452,456

^{*}Below 5% in the respective year.

The Plan's investments including realized and unrealized gains and losses on investments bought and sold, as well as held during the year or period, appreciated in value as follows:

	•	Year Ended , December 31, 2009
Registered investment companies	\$ -	\$ 1,251,652

Notes to Financial Statements

4. FAIR VALUE MEASUREMENTS

Current accounting guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs are the highest priority and consist of unadjusted quoted prices in active markets for identical assets and liabilities. Level 2 inputs are inputs for quoted prices for similar assets or liabilities in active markets; inputs for quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. Level 3 inputs are the lowest priority and are unobservable and significant to the fair value measurement of an asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008. There were no assets held as of January 1, 2010 due to the plan merger.

Registered Investment Companies and Money Market Funds: The shares of registered investment companies were valued at quoted market prices in an exchange and active market, which represented the net asset value of shares held by the Plan at year end and were classified as Level 1 investments.

Participant Loans: Participant loans were stated at the outstanding principal balance at year end, which approximated fair value. Participant loans were classified as Level 3 investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Notes to Financial Statements

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured on a recurring basis:

December 31, 2009	Level 1	Level 2	Leve	13	Total
Registered investment companies:					
Growth and income funds	\$ 1,661,840	\$ -	\$	-	\$ 1,661,840
Equity income funds	490,669	-		-	490,669
Growth funds	3,180,983	-		-	3,180,983
Real estate funds	161,338	-		-	161,338
Bond funds	1,058,006	-		-	1,058,006
Other funds	307,266	-		-	307,266
Money market fund	2,580,689	-		-	2,580,689
Participant loans	-	-	521,7	63	521,763
Investments at fair value	\$ 9,440,791	\$ -	\$ 521,7	63	\$ 9,962,554
December 31, 2008	Level 1	Level 2	Leve	13	Total
Registered investment companies	\$ 5,561,730	\$ -	\$	-	\$ 5,561,730
Money market fund	2,637,670	-		-	2,637,670
Participant loans	-	-	358,9	77	358,977
Investments at fair value	\$ 8,199,400	\$ -	\$ 358,9	77	\$ 8,558,377

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investments:

	One Day Period	
	Ended January 1,	Year Ended
	2010	December 31, 2009
Balance, beginning of period or year	\$ 521,763	\$ 358,977
Loans issued	-	296,847
Loans repaid	-	(130,960)
Loans deemed distributed	-	(3,101)
Loans transferred due to plan merger	(521,763)	-
Balance, end of period or year	\$ -	\$ 521,763

Notes to Financial Statements

5. INCOME TAX STATUS

The underlying nonstandardized prototype plan received an opinion letter from the IRS dated May 28, 2002, stating that the form of the Plan was qualified under Section 401 of the IRC, and therefore, the related trust was tax-exempt. In accordance with Revenue Procedures 2006-6 and 2005-16, the Plan Sponsor determined that it was eligible to and had chosen to rely on the current IRS prototype plan opinion letter. Subsequent to this opinion letter by the IRS, the Plan was amended. Once qualified, the Plan was required to operate in conformity with the IRC to maintain its qualification. As the Plan was believed to be qualified and the trust tax-exempt, no provision for income taxes is included in the Plan's financial statements.

6. CERTIFIED INFORMATION BY THE TRUSTEE

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Statements of Net Assets Available for Plan Benefits as of December 31, 2009 and 2008
 - Investments (excluding participant loans as of December 31, 2009)
- Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2009
 - Net appreciation in fair value of investments
 - Interest and dividend income
 - Interest income on participant loans
- Notes to Financial Statements
 - Investment information
- Investment information included in the Supplemental Schedule of Assets (Held at End of Year) As of December 31, 2009

The Plan's independent auditors did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

7. PARTY-IN-INTEREST TRANSACTIONS

The Plan invested in shares of registered investment companies and a money market fund managed by an affiliate of the Trustee. As such, transactions in such investments qualified as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Notes to Financial Statements

8. RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The following information reconciles differences between amounts reported on Form 5500 and amounts reported on the accompanying financial statements:

9,974,345	\$ 8,625,411
-	(67,034)
	20.107
-	38,195
(0.054.245)	
(9,974,345)	
-	\$ 8,596,572
	2009
	\$ 815,200
	67,034
	\$ 882,234
	2009
d per	
a per	\$ 846,693
	38,195
1	
a per	\$ 004 000
	\$ 884,888
	2009
	\$ -
	9,974,345
	\$ 9,974,345
	d per

9. SUBSEQUENT EVENTS

The Company has performed an evaluation of subsequent events through October 4, 2010, which is the date the financial statements were available to be issued.

Supplemental Schedule

Form 5500, Schedule H, Part IV, line 4i - Schedule of Assets (Held at End of Year)

(a)	ember 31, 2009 (b)	(c)	(d)	Plan Number: 00 (e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Franklin Rising Dividends Fund	Registered Investment Company	(1)	\$ 341,500
	Franklin Real Estate Securities Fund	Registered Investment Company	(1)	161,338
	Franklin Natural Resources Fund	Registered Investment Company	(1)	307,266
	Allianz NFJ Small Cap Value Fund	Registered Investment Company	(1)	583,852
	Allianz CCM Mid Cap Fund	Registered Investment Company	(1)	373,522
*	American Funds Intermediate Bonds Fund	Registered Investment Company	(1)	563,888
*	American Funds EuroPacific Growth Fund	Registered Investment Company	(1)	716,301
*	American Funds Growth Funds of America	Registered Investment Company	(1)	1,010,404
*	American Funds U.S. Government Securities Fund	Registered Investment Company	(1)	494,118
*	American Funds Investment Co. of America	Registered Investment Company	(1)	375,238
*	American Funds Capital Income Builder	Registered Investment Company	(1)	149,169
*	American Funds American Balanced Funds	Registered Investment Company	(1)	288,045
*	American Funds Small Cap World Fund	Registered Investment Company	(1)	496,904
*	American Funds Washington Mutual Fund	Registered Investment Company	(1)	998,557
*	American Funds Money Market Fund	Money Market Fund	(1)	2,580,689
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%, at various maturity dates	-	521,763
Tota	al investments			\$ 9,962,554

⁽¹⁾ The cost of participant-directed investments is not required to be disclosed.

See accompanying independent auditors' report.

^{*} A party in interest as defined by ERISA.