

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>06/22/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☒ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☒ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>MV EQUIPMENT 401K PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>06/22/2009</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MV EQUIPMENT LLC</u> <u>18793 HWY 6</u> <u>STERLING, CO 80751</u>	2b Employer Identification Number (EIN) <u>20-5548049</u>	2c Sponsor's telephone number <u>970-522-6697</u>	2d Business code (see instructions) <u>423800</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2012	PAM PETERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MV EQUIPMENT LLC 18793 HWY 6 STERLING, CO 80751	3b Administrator's EIN 20-5548049 3c Administrator's telephone number 970-522-6697
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	120
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	99
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	11
d Subtotal. Add lines 6a , 6b , and 6c	6d	110
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	110
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	86
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	8

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3B 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 06/22/2009 and ending 12/31/2009		
A Name of plan MV EQUIPMENT 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MV EQUIPMENT LLC	D Employer Identification Number (EIN) 20-5548049	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
SENTRY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-6040276	68810	87-63588-71	110	06/22/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	3000

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CHRIS HELLENTHAL 1455 HICKORY DRIVE
ERIE, CO 80516

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3000	FINDER FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	1165211

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	21736
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	1124
(4) Transferred from separate account	7c(4)	7533
(5) Other (specify below)	7c(5)	118167

▶ LOAN PAYMENTS TRANSFERRED ASSETS

(6) Total additions	7c(6)	148560
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d Total of balance and additions (add b and c(6)).	7d	148560
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5787
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions	7e(5)	5787
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f Balance at the end of the current year (subtract e(5) from d)	7f	142773
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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 06/22/2009 and ending 12/31/2009

A Name of plan MV EQUIPMENT 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MV EQUIPMENT LLC	D Employer Identification Number (EIN) 20-5548049

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes

☐ No

b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SENTRY LIFE INSURANCE COMPANY	
39-6040276	

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 06/22/2009 and ending 12/31/2009		
A Name of plan MV EQUIPMENT 401K PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MV EQUIPMENT LLC		D Employer Identification Number (EIN) 20-5548049
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-003	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1393
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INCOME ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8040
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74250
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED GROWTH ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2429
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED INCOME ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-007	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15459
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE GROWTH ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-008	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12903
a Name of MTIA, CCT, PSA, or 103-12 IE: FOREIGN GROWTH ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 243077
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2009 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: CONCENTRATED GROWTH ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-012	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68116
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH ACCOUNT I		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-013	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106510
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH ACCOUNT I		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-014	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116960
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY GROWTH & INCOME ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35521
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3288
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP INDEX ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-017	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14514
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK INDEX ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3132
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP INDEX ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10793
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND INDEX ACCOUNT		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23150
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE/LA		
b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY		
c EIN-PN 39-6040276-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 485

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE/LB**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83880
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE/LC**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126248
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE/LD**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-029	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89642
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE/LE**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-030	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97387
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH ACCOUNT III**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-031	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13391
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a Name of MTIA, CCT, PSA, or 103-12 IE: REIT ETF ACCOUNT**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-039	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14643
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>06/22/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>MV EQUIPMENT 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MV EQUIPMENT LLC</u>	D Employer Identification Number (EIN) <u>20-5548049</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	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)	0	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	4899
	(8) Participant loans	1c(8)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	0	1165211
	(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)	0	117098
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	142773
	(15) Other	1c(15)	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
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	0	1429981

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	1429981
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	53681	
(B) Participants	2a(1)(B)	89669	
(C) Others (including rollovers)	2a(1)(C)	1229080	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1372430

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)	249	
(F) Other	2b(1)(F)	1124	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1373
(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)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		65684
(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)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1439487

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9506	
(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)		9506
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(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)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9506

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1429981
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: TO BE DETERMINED

(2) EIN: 99-9999999

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 06/22/2009 and ending 12/31/2009

A Name of plan <u>MV EQUIPMENT 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MV EQUIPMENT LLC</u>	D Employer Identification Number (EIN) <u>20-5548049</u>

Part I	Distributions
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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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>39-6040276</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

August 24, 2012

McChesney Martin Sagehorn, P.C.
101 South Chestnut Street
P.O. Box 1269
North Platte, NE 69103-1269

We are providing this letter in connection with your audit of the financial statements and supplemental schedule for the MV Equipment 401(K) Plan (the Plan) as of December 31, 2009, and for the fiscal period June 22, 2009 through December 31, 2009. As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to the information prepared and certified to by Sentry Life Insurance Company, the agent for the trustee, in accordance with the United States Department of Labor Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information which you have not audited, we understand you will not express an opinion on the financial statements taken as a whole.

We are responsible for the fair presentation of the MV Equipment 401(K) Plan's financial statements of net assets available for benefits and changes in net assets available for benefits in conformity with the modified cash basis of accounting and for the fair presentation of the supplemental schedule in conformity with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. We are also responsible for adopting sound accounting policies, establishing and maintaining internal control, and preventing and detecting fraud.

Certain representations in this letter are described as being limited to matters which are material. Items are considered material if the items involve an omission or misstatement of accounting information which, in light of surrounding circumstances, makes it probable the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement which is monetarily small in amount may be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of August 24, 2012, the following representations made to you during your audit:

- 1) The financial statements and related notes are fairly presented in conformity with the modified cash basis of accounting, and the related notes include all disclosures required by laws and regulations to which the Plan is subject, including the United States DOL Rules and Regulations for Reporting and Disclosure under ERISA.
- 2) We have made available to you all:
 - a) Financial records and related data;
 - b) All minutes for the meetings of the Board of Directors or summaries of actions of recent meetings for which minutes have not yet been prepared; and
 - c) Plan instruments, insurance contracts, investment contracts, or trust agreements, as well as amendments to such documents entered into during the fiscal period, including amendments to comply with applicable laws.

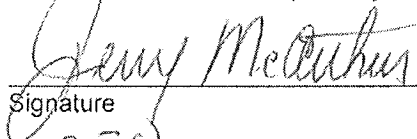
- 3) There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices, which may have a material effect on the financial statements in the event of noncompliance.
- 4) We have no knowledge of any fraud or suspected fraud affecting the Plan involving:
 - a) Management;
 - b) Employees who have significant roles in internal control; or
 - c) Others where the fraud may have a material effect on the financial statements.
- 5) We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, beneficiaries, participants, regulators, service providers, third-party administrators, or others.
- 6) We have no:
 - a) Plans or intentions which may materially affect the carrying value or classification of assets and liabilities.
- 7) The following have been properly recorded or disclosed in the financial statements:
 - a) Related-party transactions, including transactions with parties-in-interest, as defined in ERISA Section 3(14) and the regulations thereunder, including guarantees, leasing arrangements, loans, purchases, sales, transfers, and amounts receivable from or payable to related parties;
 - b) Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or other lending institution;
 - c) All significant estimates and material concentrations known to the Plan Administrator and management which are to be disclosed in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 275, *Risks and Uncertainties*. We understand the significant estimates covered by this disclosure are estimates as of the date of the statement of net assets available for benefits which are reasonably possible of changing materially within the next fiscal period. Concentrations refer to the nature and type of investments held by the plan, or markets for which events could occur which would significantly disrupt normal finances within the next fiscal period; and
 - d) Amendments to the plan instrument, if any.
- 8) We have identified all significant accounting estimates which may be material to the financial statements, including the key factors and significant assumptions underlying those estimates, and we believe the estimates and assumptions are reasonable in the circumstances.
- 9) We are in agreement with the adjusting journal entries, if any, you have recommended, and the adjusting journal entries have been posted to the Plan's accounts.
- 10) There are no:
 - a) Violations or possible violations of laws or regulations, including DOL, ERISA, and Internal Revenue Service (IRS) regulations, whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency;
 - b) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments which are required to be accrued or disclosed in the financial statements in

accordance with FASB ASC 450, *Contingencies*, and the Plan has not consulted a lawyer concerning litigation, claims, or assessments;

- c) Other liabilities or gain or loss contingencies which are required to be accrued or disclosed by FASB ASC 450, *Contingencies*;
 - d) Material transactions which have not been properly recorded in the accounting records underlying the financial statements; or
 - e) Other matters (e.g., breach of fiduciary responsibilities, events which may jeopardize the tax status, loans or leases in default, nonexempt transactions, reportable transactions,) which we have been advised must be disclosed.
- 11) We have complied with all aspects of debt and other contractual agreements which would have a material effect on the financial statements in the event of noncompliance, including the release of unallocated shares held in employee stock ownership plans (ESOP).
- 12) The methods and significant assumptions utilized to estimate the fair value for financial instruments, including nonreadily marketable securities, are as follows: (a) the fair value for the Guaranteed Investment Fund is determined utilizing a cost approach based on a participant's contributions and the Company's contributions, plus actual earnings/(losses), less a participant's distributions and administrative expenses; and (b) the fair value for the Separate Accounts is determined utilizing the quoted prices of the underlying assets in active markets. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- 13) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
- 14) All required filings of Plan and related trust documents with the appropriate agencies have been made.
- 15) The Plan and the trust established under the Plan are qualified under the appropriate section of the Internal Revenue Code (IRC) and we intend to continue them as a qualified plan and related trust. The Plan Sponsor has operated the Plan and related trust or insurance contract in a manner which has not jeopardized this tax status. Required nondiscrimination testing related to IRC Section 401(k) and 401(m) arrangements, as applicable, has been completed for the Plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.
- 16) The Plan has complied with the United States DOL's regulations concerning the timely remittance of participant contributions to trusts containing assets for the Plan.
- 17) The Plan has satisfactory title to all owned assets which are recorded at fair value, and all encumbrances, liens, or security interest requiring disclosure in the financial statements have been properly disclosed.
- 18) There are no:
- a) Non-exempt party-in-interest transactions, as defined in ERISA Section 3(14) and regulations under the section, which are not disclosed in the financial statements and supplemental schedule;
 - b) Investments or loans in default or considered to be uncollectible which are not disclosed in the financial statements and supplemental schedule; or
 - c) Reportable transactions, as defined in ERISA Section 103(b)(3)(H) and regulations under the section, which are not disclosed in the financial statements and supplemental schedule.
- 19) We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.

- 20) We believe the form and content of the supplemental schedule is fairly presented in conformity with the United States DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- 21) As part of your audit, you assisted with the preparation of the draft financial statements and related notes. We have designated an individual with suitable skill, knowledge, or experience to oversee your services and have made all management decisions and performed all management functions. We have reviewed, approved, and accepted responsibility for the financial statements and related notes.
- 22) In regards to the financial statement and related notes preparation services provided by you, we have:
- a) Made all management decisions and performed all management functions;
 - b) Designated an individual with suitable skill, knowledge, or experience to oversee the services;
 - c) Evaluated the adequacy and results of the services performed; and
 - d) Accepted responsibility for the results of the services.

No events have occurred subsequent to the date of the Plan's financial statements and through the date of this letter which would require adjustment to or disclosure in the aforementioned financial statements.



Signature
CEO

Title

MV EQUIPMENT 401(K) PLAN

FINANCIAL STATEMENTS
FOR THE FISCAL PERIOD
JUNE 22, 2009 THROUGH DECEMBER 31, 2009
TOGETHER WITH INDEPENDENT AUDITORS' REPORT

MV EQUIPMENT 401(K) PLAN

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Certified Public Accountants & Consultants

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Management
MV Equipment 401(K) Plan
Sterling, Colorado

We have been engaged to audit the accompanying statement of net assets available for benefits - modified cash basis for the MV Equipment 401(K) Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits - modified cash basis for the fiscal period June 22, 2009 through December 31, 2009, and the supplemental Schedule H, Line 4I - Schedule of Assets (Held at End of Year) - modified cash basis as of December 31, 2009, as listed in the accompanying table of contents. The financial statements and supplemental schedule are the responsibility of the Plan Administrator and management.

As described in Note 2 to the financial statements, the accompanying financial statements and supplemental schedule have been prepared in conformity with the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator has instructed us not to perform, and we have not performed, any auditing procedures with respect to the information summarized in Note 4 to the accompanying financial statements, which has been certified to by Sentry Life Insurance Company, the agent for the trustee for the MV Equipment 401(K) Plan, except for comparing the information with the related information included in the accompanying financial statements and supplemental schedule. We have been informed by the Plan Administrator that the agent for the trustee for the MV Equipment 401(K) Plan holds the MV Equipment 401(K) Plan's investment assets and executes the MV Equipment 401(K) Plan's investment transactions. The Plan Administrator has obtained a certification from the agent for the trustee for the MV Equipment 401(K) Plan as of December 31, 2009, and for the fiscal period June 22, 2009 through December 31, 2009, the information provided to the Plan Administrator by the agent for the trustee for the MV Equipment 401(K) Plan is complete and accurate.

As reported on the Schedule H of the Form 5500, the MV Equipment 401(K) Plan has been operated without adequate coverage from a fidelity bond, as required by 29 CFR 2550-412 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The accompanying financial statements and supplemental schedule have been prepared assuming the MV Equipment 401(K) Plan will continue as a going concern. As described in Note 11 to the financial statements, the Board of Directors for MV Equipment, LLC has approved the merger of the MV Equipment 401(K) Plan into the OnePoint HRO, LLC Multiple Employer 401(K) Plan, effective September 20, 2010, which indicates the MV Equipment 401(K) Plan is not a going concern.

Because of the significance of the information which we have not audited, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the accompanying financial statements but is required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The

Plan Administrator and Management
MV Equipment 401(K) Plan

form and content of the information included in the accompanying financial statements and supplemental schedule, other than that derived from the information certified to by the agent for the trustee for the MV Equipment 401(K) Plan, 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 accordance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mc Chesney Martin Sagehorn, P.C.

MCCHESNEY MARTIN SAGEHORN, P.C.
Certified Public Accountants & Consultants

August 24, 2012

MV EQUIPMENT 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2009

	<u>2009</u>
ASSETS	
Receivables	
Participants' Contributions	\$ 19,511
Employer's Contributions	13,350
Notes Receivable from Participants	<u>4,899</u>
Total Receivables	<u>\$ 37,760</u>
Investments (at Fair Value)	<u>\$ 1,307,984</u>
TOTAL ASSETS	<u>\$ 1,345,744</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,345,744</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART
OF THE FINANCIAL STATEMENTS

MV EQUIPMENT 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

FOR THE FISCAL PERIOD JUNE 22, 2009 THROUGH DECEMBER 31, 2009

2009

ADDITIONS

Additions to Net Assets Available for Benefits Attributed to

Contributions	
Participants	\$ 109,181
Employer	67,031
Total Contributions	<u>\$ 176,212</u>

Interest Income on Notes Receivable from Participants	<u>\$ 249</u>
---	---------------

Investment Income	
Interest and Dividends	\$ 1,124
Net Appreciation in Fair Value of Investments	65,683
Total Investment Income	<u>\$ 66,807</u>

Transfer of Plan Assets	<u>\$ 1,111,982</u>
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TOTAL ADDITIONS	<u>\$ 1,355,250</u>
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DEDUCTIONS

Deductions from Net Assets Available for Benefits Attributed to

Benefits Paid to Participants	<u>\$ 9,506</u>
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TOTAL DEDUCTIONS	<u>\$ 9,506</u>
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NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,345,744
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NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF PERIOD	<u>-</u>
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NET ASSETS AVAILABLE FOR BENEFITS - END OF PERIOD	<u>\$ 1,345,744</u>
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THE ACCOMPANYING NOTES ARE AN INTEGRAL PART
OF THE FINANCIAL STATEMENTS

MV EQUIPMENT 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

1) SUMMARY PLAN DESCRIPTION

The following description of the MV Equipment (the Company) 401(K) Plan (the Plan) provides only general information. A participant should refer to the Plan documents for a more complete description of the Plan's provisions.

GENERAL: The Plan is a defined contribution plan, as defined under the provisions of Internal Revenue Code (IRC) Section 401(K), which covers substantially all employees for the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

ELIGIBILITY: An employee is eligible to participate in the Plan when the employee has attained the age of eighteen and has completed one hour of service, as defined in the Plan documents, within the three-month period following the date of employment. If an employee does not complete one hour of service within the three-month period following the date of employment, the employee may satisfy the service requirement for the Plan when credited with one year of service, as defined in the Plan documents.

A leased employee is eligible to participate in the Plan when the employee has attained the age of eighteen, has completed three consecutive months of service, as defined in the Plan documents, and has completed at least one hour of service within each of the three consecutive months of service.

CONTRIBUTIONS: A participant may elect to contribute not less than 1.00% of compensation, as defined in the Plan documents, as pre-tax contributions and/or Roth contributions to the Plan, subject to a maximum dollar limit set by the Internal Revenue Service (IRS). The maximum dollar limit is \$16,500 for the fiscal period June 22, 2009 through December 31, 2009. If a participant has attained the age of fifty prior to the end of a Plan year, the participant is eligible to contribute additional amounts (i.e., catch-up contributions) to the Plan, subject to a maximum dollar limit set by the IRS. The maximum dollar limit is \$5,500 for the fiscal period June 22, 2009 through December 31, 2009. A participant may also contribute amounts representing distributions from other qualified defined benefit plans or defined contribution plans (i.e., rollover contributions) to the Plan.

A participant directs the investment of the participant's contributions to the various investment alternatives offered by the Plan. The Plan offers a Guaranteed Fund and twenty-three Separate Accounts as investment alternatives for a participant.

The Company contributes 100.00% of the first 3.00% of compensation which a participant contributes to the Plan. The Company's contributions are invested in the same manner as a participant's contributions.

PARTICIPANT ACCOUNTS: A participant's account is credited with the participant's contributions, as well as allocations of the Company's contributions and the Plan's earnings/(losses), and charged with an allocation of the Plan's administrative expenses. Allocations are based on a participant's account balance or earnings, as defined in the Plan documents. The benefit to which a participant is entitled is the benefit which may be provided from the participant's vested account balance.

VESTING: A participant is immediately vested in the participant's contributions, plus actual earnings/(losses) thereon. A participant gradually becomes vested in the Company's contributions based on years of service, becoming fully vested in the Company's contributions after six years of service.

NOTES RECEIVABLE FROM PARTICIPANTS: A participant may borrow a minimum of \$1,000 and up to a maximum of \$50,000 or 50.00% of the participant's nonforfeitable account balance, whichever is less. A note receivable from a participant is secured by the participant's vested account balance and bears interest at rates ranging from 5.00% to 9.25%, which are commensurate with local prevailing rates, as determined by the Plan Administrator. The principal and interest for a note receivable from a participant are paid ratably through a payroll deduction or an Automated Clearing House (ACH) agreement.

MV EQUIPMENT 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009

1) SUMMARY PLAN DESCRIPTION, CONTINUED

PAYMENT OF BENEFITS: On termination due to death, disability, retirement, or other reasons, a participant or a beneficiary may elect to receive the value of a participant's vested account balance in a variety of means, depending upon the value of the participant's vested account balance.

If a participant terminates employment due to death and the participant's vested account balance is less than \$5,000, a beneficiary may receive the value of the participant's vested account balance as a lump-sum, single payment. If a participant's vested account balance is greater than \$5,000, a beneficiary may receive the value of the participant's vested account balance as a lump-sum, single payment, as annual installments at least equal to the required minimum distribution amount, as defined in the Plan documents, or as ad-hoc distributions.

If a participant terminates employment due to disability, retirement, or other reasons and the participant's vested account balance is less than \$5,000, the participant may receive the value of the participant's vested account balance as a lump-sum, single payment. If a participant's vested account balance is greater than \$5,000, the participant may receive the value of the participant's vested account balance as a lump-sum, single payment, as installments over a period of not more than the participant's or a beneficiary's assumed life expectancy, or as ad-hoc distributions.

In determining a participant's vested account balance, rollover contributions and earnings allocable to rollover contributions are not taken into consideration.

FORFEITED ACCOUNTS: The forfeited, nonvested accounts are \$3,865 for the Plan as of December 31, 2009. The accounts have been partially used to pay administrative expenses.

PLAN INITIATION: During 2009, the Board of Directors for the Company has approved the initiation of the Plan from the TerraFirma 401(K) Profit Sharing Plan, effective June 22, 2009. As a result of the Plan initiation, the Plan's assets have been transferred from the TerraFirma 401(K) Profit Sharing Plan.

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING: The accompanying financial statements have been prepared in conformity with the modified cash basis of accounting.

NOTES RECEIVABLE FROM PARTICIPANTS: A note receivable from a participant is measured at the unpaid principal balance, plus any accrued but unpaid interest. A note receivable from a participant which becomes delinquent may be reclassified as a payment of benefits to the participant.

INVESTMENT VALUATION AND INCOME RECOGNITION: The Plan's investments are reported at fair value, which is the exchange price which would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Purchases and sales of investments are recorded on a trade-date basis. Interest is recorded on an accrual basis, while dividends are recorded on an ex-dividend date. The net appreciation in fair value of investments includes the gains and losses on investments bought and sold, as well as held, during a fiscal period.

MV EQUIPMENT 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

An insurance investment contract held by a defined contribution plan is required to be reported at fair value. However, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to a fully benefit-responsive insurance investment contract because contract value is the amount a participant would receive if the participant is to initiate permitted transactions under the terms of the Plan. The accompanying financial statements present the contract value, which approximates the fair value, for the insurance investment contract.

PAYMENT OF BENEFITS: The payment of benefits to a participant is recorded when paid.

PLAN EXPENSES: The administrative expenses and fees of maintaining and operating the Plan may be paid by the Plan, unless paid by the Company. Certain administrative expenses and fees are paid directly by the Company.

ESTIMATES: The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan Administrator and management to make assumptions and estimates which affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as of the date of the financial statements, as well as the reported amounts of revenues and expenses during the reporting period. Actual events and results may differ from the assumptions and estimates.

SUBSEQUENT EVENTS: The Plan has considered subsequent events through August 24, 2012, which is the date the accompanying financial statements are available to be issued.

3) INCOME TAX STATUS

The IRS has determined and informed the Company, by a letter dated March 31, 2008, the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan Administrator and management believe the Plan and related trust are designed and are, currently, being operated in compliance with applicable requirements of the IRC and, therefore, believe the Plan and related trust are tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan Administrator and management to evaluate tax positions taken by the Plan and related trust. The Plan Administrator and management have evaluated the tax positions taken by the Plan and related trust and have concluded the Plan and related trust have taken no uncertain tax positions which require recognition or disclosure in the accompanying financial statements. The Plan Administrator and management believe the Plan and related trust are no longer subject to income tax examinations for fiscal periods prior to 2009.

4) INFORMATION CERTIFIED TO BY THE AGENT FOR THE TRUSTEE

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such an election, the Plan Administrator has instructed us not to perform, and we have not performed, any auditing procedures with respect to the following information, which is certified to by Sentry Life Insurance Company, the agent for the trustee for the Plan, except for comparing the information with the related information included in the accompanying financial statements.

MV EQUIPMENT 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009

4) INFORMATION CERTIFIED TO BY THE TRUSTEE, CONTINUED

Investments held and certified to by Sentry Life Insurance Company, the agent for the trustee for the Plan:

	<u>2009</u>
Guaranteed Fund	\$ 142,773
Fixed Income Accounts	32,584
Fixed Income / Equity Blended Allocation Accounts	64,202
Equity Accounts	670,783
Target Retirement Accounts	<u>397,642</u>
Total Investments	<u>\$ 1,307,984</u>

Investment income certified to by Sentry Life Insurance Company, the agent for the trustee for the Plan:

	<u>2009</u>
Interest and Dividends	\$ 1,124
Net Appreciation in Fair Value of Investments	
Fixed Income Accounts	(12)
Fixed Income / Equity Blended Allocation Accounts	2,527
Equity Accounts	45,630
Target Retirement Accounts	<u>17,538</u>
Total Investment Income	<u>\$ 66,807</u>

5) INVESTMENTS

The investments which represent 5.00% or more of the Plan's net assets available for benefits as of December 31, 2009 are comprised of the following:

	<u>2009</u>
Guaranteed Fund	\$ 142,773
Large Cap Growth Account, 1,290 units	74,250
Foreign Growth Account, 9,814 units	243,077
Concentrated Growth Account, 6,169 units	68,116
2015 Target Retirement Account, 5,591 units	83,880
2025 Target Retirement Account, 8,368 units	126,248
2035 Target Retirement Account, 5,860 units	89,642
2045 Target Retirement Account, 6,311 units	97,387
Small Cap Growth Account, 4,138 units	106,510
Mid Cap Growth Account, 6,462 units	116,960

The investments (including the gains and losses on investments bought and sold, as well as held) appreciated in value by \$65,683 for the fiscal period June 22, 2009 through December 31, 2009 as follows:

	<u>2009</u>
Fixed Income Accounts	\$ (12)
Fixed Income / Equity Blended Allocation Accounts	2,527
Equity Accounts	45,630
Target Retirement Accounts	<u>17,538</u>
Total Appreciation in Value	<u>\$ 65,683</u>

MV EQUIPMENT 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009

6) **INSURANCE INVESTMENT CONTRACT WITH INSURANCE COMPANY**

In 2009, the Plan entered into an insurance investment contract with Sentry Life Insurance Company. Sentry Life Insurance Company allocates the contributions made to the Plan between a Guaranteed Fund and Separate Accounts at the discretion of a participant. The Guaranteed Fund maintains a participant's contributions in Sentry Life Insurance Company's general account and provides a participant with a fixed, guaranteed interest rate, a guarantee the principal will not suffer a decline in value, and guaranteed purchase annuity rates. The Separate Accounts maintain a participant's contributions in pooled separate accounts, which are segregated from Sentry Life Insurance Company's general account, and invest directly or indirectly in one or more debt instruments, equities, mutual funds, or other securities. The Guaranteed Fund and the Separate Accounts are credited with a participant's contributions, as well as allocations of the Company's contributions and the earnings/(losses) of the underlying assets, and charged with a participant's distributions and an allocation of the Plan's administrative expenses.

As the insurance investment contract with Sentry Life Insurance Company is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the insurance investment contract. Contract value, as reported to the Plan, represents a participant's contributions and the Company's contributions, plus actual earnings/(losses), less a participant's distributions and administrative expenses. The accompanying financial statements present the contract value, which approximates the fair value, for the insurance investment contract. A participant may initiate permitted transactions under the terms of the insurance investment contract.

The fair value is \$142,773 for the Guaranteed Fund as of December 31, 2009. The fair value is \$1,165,211 for the Separate Accounts as of December 31, 2009.

Certain events limit the Plan's ability to transact at contract value with Sentry Life Insurance Company, including amendments to the Plan documents (e.g., complete or partial termination, merger with another plan); bankruptcy of the Plan Sponsor or other Plan Sponsor events (e.g., divestitures of spinoffs of a subsidiary), which cause a significant withdrawal from the Plan; changes to the Plan's prohibition on competing investment alternatives or deletion of equity wash provisions; or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator believes the merger of the Plan into the OnePoint HRO, LLC Multiple Employer 401(K) Plan limits the Plan's ability to transact at contract value (Refer to Note 11).

The crediting interest rate is a formula agreed upon with the contract issuer and is reviewed, at least, on an annual basis. The average yields earned by the Plan for the insurance investment contract with Sentry Life Insurance Company for the fiscal period June 22, 2009 through December 31, 2009 are as follows:

2009

Based on Actual Earnings	3.90%
Based on Interest Rate Credited to a Participant	3.90%

7) **FAIR VALUE MEASUREMENTS**

The Plan has adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10, which provides a framework for measuring fair value under accounting principles generally accepted in the United States of America. FASB ASC 820-10 defines fair value as the exchange price which would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the

MV EQUIPMENT 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009

7) FAIR VALUE MEASUREMENTS, CONTINUED

measurement date. FASB ASC 820-10 establishes three valuation techniques, which require the maximum utilization of observable inputs and the minimum utilization of unobservable inputs, as follows:

- A) Cost Approach - Uses the amount which would be required to replace the service capacity of an asset (i.e., replacement cost);
- B) Income Approach - Uses valuation techniques to convert future amounts to a single present amount based on current market expectations about the future amounts (e.g., option-pricing models, present value techniques); and
- C) Market Approach - Uses prices, which may be indicated by market trades, pricing guides, sales transactions, or other sources, and other relevant information generated by market transactions involving identical or comparable assets or liabilities;

FASB ASC 820-10 also establishes a fair value hierarchy, which prioritizes the valuation inputs into three broad levels, as follows:

- A) Level 1 Inputs - Quoted prices (i.e., unadjusted) in active markets for identical assets or liabilities which the Plan has the ability to access at the measurement date;
- B) Level 2 Inputs - Inputs other than quoted prices included within Level 1 which are observable for the asset or liability, either directly or indirectly; and
- C) Level 3 Inputs - Unobservable inputs for the asset or liability.

The Plan's financial instruments are reported at contract value, which approximates fair value, or fair value in the accompanying financial statements. The methods used to measure fair value may produce an amount which may not be indicative of the net realizable value or reflective of the future fair value. Although the Plan Administrator and management believe the Plan's valuation assumptions and methods are appropriate and consistent with other market participants, the utilization of different valuation assumptions and methods to determine the fair value of certain financial instruments may result in a different fair value measurement.

The following provides a description of the Plan's financial instruments which are measured at fair value and the valuation techniques and valuation inputs utilized to measure the financial instruments at fair value:

Guaranteed Fund - The Guaranteed Fund is not actively traded and significant other observable inputs are not available. The fair value for the Guaranteed Fund is determined utilizing a cost approach based on a participant's contributions and the Company's contributions, plus actual earnings/(losses), less a participant's distributions and administrative expenses.

Separate Accounts - The Separate Accounts are debt instruments, equities, mutual funds, or other securities which are valued by aggregating the value of the units held by the Plan. The value of a single unit is the total value of the underlying assets, plus other assets, less liabilities, divided by the number of units outstanding. The fair value for the Separate Accounts is determined utilizing the quoted prices of the underlying assets in active markets.

There have been no changes in the valuation techniques and valuation inputs utilized to measure the Plan's financial instruments at fair value for the fiscal period June 22, 2009 through December 31, 2009.

MV EQUIPMENT 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009

7) FAIR VALUE MEASUREMENTS, CONTINUED

The following sets forth, by level within the fair value hierarchy, the fair value for the Plan's financial instruments measured on a recurring basis (i.e., at least annually) as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed Fund	\$ -	\$ -	\$ 142,773	\$ 142,773
Fixed Income Accounts	32,584	-	-	32,584
Fixed Income / Equity Blended				
Allocation Accounts	64,202	-	-	64,202
Equity Accounts	670,783	-	-	670,783
Target Retirement Accounts	397,642	-	-	397,642
Total Financial Instruments	<u>\$ 1,165,211</u>	<u>\$ -</u>	<u>\$ 142,773</u>	<u>\$ 1,307,984</u>

A reconciliation of the beginning balances and ending balances for the fair value measurements utilizing significant, unobservable inputs for the Guaranteed Fund for the fiscal period June 22, 2009 through December 31, 2009 is as follows:

	<u>2009</u>
Beginning Balance	\$ -
Issuances, Purchases, Sales, and Settlements	17,873
Transfers In	1,135,150
Transfers Out	(1,010,250)
Ending Balance	<u>\$ 142,773</u>

The Plan's policy is to recognize transfers in and out of the Guaranteed Fund as of the date of the event or change in circumstances which caused the transfer.

8) PARTY-IN-INTEREST AND RELATED-PARTY TRANSACTIONS

Certain Plan investment alternatives are managed by Sentry Life Insurance Company. As Sentry Life Insurance Company is the agent for the trustee for the Plan, as defined in the Plan documents, the transactions qualify as party-in-interest transactions.

9) CONTINGENCIES, RISKS, AND UNCERTAINTIES

The Plan invests in various investment alternatives. Investment alternatives are exposed to various risks, including credit, interest rate, and market risks. Due to the level of risk associated with certain investment alternatives, it is at least reasonably possible changes in the values of investment alternatives will occur in the near term and such changes may materially affect a participant's account balance and the amounts reported in the accompanying financial statements.

MV EQUIPMENT 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009

10) RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

A reconciliation of the net assets available for benefits, per the accompanying financial statements, to the net assets available for benefits, per the Schedule H of Form 5500, as of December 31, 2009 is as follows:

	<u>2009</u>
Net Assets Available for Benefits, Per the Financial Statements	\$ 1,345,744
Add:	
Investments Held Outside the Plan as of December 31, 2009	117,098
Less:	
Participants' Contributions Receivable as of December 31, 2009	(19,511)
Employer's Contributions Receivable as of December 31, 2009	(13,350)
Net Assets Available for Benefits, Per the Schedule H of Form 5500	<u>\$ 1,429,981</u>

A reconciliation of the additions to the net assets available for benefits, per the accompanying financial statements, to the additions to the net assets available for benefits, per the Schedule H of Form 5500, for the fiscal period June 22, 2009 through December 31, 2009 is as follows:

	<u>2009</u>
Additions to Net Assets Available for Benefits, Per the Financial Statements	\$ 1,355,250
Add:	
Transfer of Outside Investments for the fiscal period June 22, 2009 through December 31, 2009	117,098
Less:	
Participants' Contributions Receivable as of December 31, 2009	(19,511)
Employer's Contributions Receivable as of December 31, 2009	(13,350)
Additions to Net Assets Available for Benefits, Per the Schedule H of Form 5500	<u>\$ 1,439,487</u>

The participants' contributions receivable and the employer's contribution's receivable are not recorded on the Schedule H of Form 5500 for contributions which have been processed prior to December 31, 2009 but not yet remitted to the Plan as of that date. The outside investments are recorded on the Schedule H of Form 5500 for investments held outside of the Plan as of December 31, 2009 which have not yet been transferred to the Plan prior to the merger of the Plan into the OnePoint HRO, LLC Multiple Employer 401(K) Plan (Refer to Note 11).

11) PLAN MERGER

On August 1, 2010, the Board of Directors for the Company has approved the merger of the Plan into the OnePoint HRO, LLC Multiple Employer 401(K) Plan, effective September 20, 2010. As a result of the Plan merger, the Plan's assets have been transferred from the Plan to the OnePoint HRO, LLC Multiple Employer 401(K) Plan.

REQUIRED SUPPLEMENTARY INFORMATION

MV EQUIPMENT 401(K) PLAN

EIN: 20-5548049

PLAN NUMBER: 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS

DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Sentry Life Insurance Company	Guaranteed Fund, 3.90% interest rate	N/A	\$ 142,773
*	Sentry Life Insurance Company	Small Cap Growth Account III, 1,417 units	N/A	13,391
*	Sentry Life Insurance Company	Money Market Account, 614 units	N/A	1,393
*	Sentry Life Insurance Company	Diversified Income Account, 179 units	N/A	8,040
*	Sentry Life Insurance Company	Large Cap Growth Account, 1,290 units	N/A	74,250
*	Sentry Life Insurance Company	Real Estate Investment Trust ETF Account, 1,810 units	N/A	14,643
*	Sentry Life Insurance Company	Balanced Growth Account, 59 units	N/A	2,429
*	Sentry Life Insurance Company	Balanced Income Account, 517 units	N/A	15,459
*	Sentry Life Insurance Company	Aggressive Growth Account, 419 units	N/A	12,903
*	Sentry Life Insurance Company	Foreign Growth Account, 9,814 units	N/A	243,077
*	Sentry Life Insurance Company	Concentrated Growth Account, 6,169 units	N/A	68,116
*	Sentry Life Insurance Company	Target Retirement Income Account, 34 units	N/A	485
*	Sentry Life Insurance Company	2015 Target Retirement Account, 5,591 units	N/A	83,880
*	Sentry Life Insurance Company	2025 Target Retirement Account, 8,368 units	N/A	126,248

MV EQUIPMENT 401(K) PLAN

EIN: 20-5548049

PLAN NUMBER: 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS, CONTINUED

DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Sentry Life Insurance Company	2035 Target Retirement Account, 5,860 units	N/A	\$ 89,642
*	Sentry Life Insurance Company	2045 Target Retirement Account, 6,311 units	N/A	97,387
*	Sentry Life Insurance Company	Small Cap Growth Account, 4,138 units	N/A	106,510
*	Sentry Life Insurance Company	Mid Cap Growth Account, 6,462 units	N/A	116,960
*	Sentry Life Insurance Company	Equity Growth and Income Account, 2,711 units	N/A	35,521
*	Sentry Life Insurance Company	Small Cap Index Account, 200 units	N/A	3,288
*	Sentry Life Insurance Company	Mid Cap Index Account, 1,028 units	N/A	14,514
*	Sentry Life Insurance Company	Total Stock Index Account, 302 units	N/A	3,132
*	Sentry Life Insurance Company	Large Cap Index Account, 1,158 units	N/A	10,793
*	Sentry Life Insurance Company	Total Bond Index Account, 1,926 units	N/A	23,150
*	Participant Loans	5.00% - 9.25% interest rates	N/A	4,899
TOTAL ASSETS (HELD AT END OF YEAR)				<u>\$ 1,312,883</u>

* Party-In-Interest

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Name of plan: MV Equipment 401(k) Plan

Plan Sponsor's name as shown on line 2a of Form 5500: MV Equipment LLC

Employer identification number: 20-5548049

Plan number: 001

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	DEPOSIT FUND The general account of Sentry Life Insurance Company, guaranteed as to principal and interest.	N/A	\$142,773

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	CAPITAL APPRECIATION ACCOUNT Seeks long-term growth.	N/A	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	GROWTH AND INCOME ACCOUNT Seeks growth of capital and current dividend income.	N/A	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	MONEY MARKET ACCOUNT Seeks current income while maintaining liquidity and a stable share price.	N/A	\$1,393

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	DIVERSIFIED INCOME ACCOUNT Seeks a high level of current income consistent with moderate price fluctuation.	N/A	\$8,040

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LARGE CAP GROWTH ACCOUNT Seeks long-term growth of capital in a manner consistent with the preservation of capital.	N/A	\$74,250

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	BALANCED GROWTH ACCOUNT Seeks income and long-term growth of capital and income without undue risk of capital	N/A	\$2,429

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	BALANCED INCOME ACCOUNT Seeks high level of income, long-term growth of income, and moderate long-term growth of capital.	N/A	\$15,459

SLIC Version

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	AGGRESSIVE GROWTH ACCOUNT Seeks long-term growth of capital in a manner consistent with the preservation of capital.	N/A	\$12,903

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	INTERNATIONAL GROWTH ACCOUNT Seeks long-term growth of capital.	N/A	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	FOREIGN GROWTH ACCOUNT Seeks long-term growth of capital.	N/A	\$243,077

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	GLOBAL GROWTH ACCOUNT Seeks long-term growth of capital.	N/A	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	CONCENTRATED GROWTH ACCOUNT Seeks capital appreciation.	N/A	\$68,116

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	SMALL CAP GROWTH ACCOUNT I Seeks long-term growth of capital.	N/A	\$106,510

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	MID-CAP GROWTH ACCOUNT I Seeks long-term growth of capital.	N/A	\$116,960

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	EQUITY GROWTH & INCOME ACCOUNT Seeks high current dividend income and long-term capital appreciation.	N/A	\$35,521

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	SMALL CAP INDEX ACCOUNT Seeks investment results paralleling those of the MSCI® US Small Cap 1750 Index.	N/A	\$3,288

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	MID-CAP INDEX ACCOUNT Seeks long-term growth of capital.	N/A	\$14,514

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	TOTAL STOCK INDEX ACCOUNT Seeks long-term growth of capital and income.	N/A	\$3,132

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LARGE CAP INDEX ACCOUNT Seeks to replicate the aggregate price and yield performance, before expenses, of the S&P 500 Index.	N/A	\$10,793

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LARGE CAP BLEND ACCOUNT Seeks long-term growth of capital.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LONG-TERM GROWTH ACCOUNT Seeks long-term growth of capital.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	INSTITUTIONAL INDEX FUND Seeks to replicate the aggregate price and yield performance, before expenses, of the S&P 500 Index.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	TOTAL BOND INDEX ACCOUNT Seeks to match the total return performance of the Lehman Brothers Aggregate Bond Index.	-0-	\$23,150

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	BALANCED ALLOCATION ACCOUNT Seeks long-term total return.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	SMALL CAP GROWTH ACCOUNT II Seeks long-term growth of capital.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LIFE CYCLE LA Seeks current income. Secondary objective of capital appreciation.	-0-	\$485

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LIFE CYCLE LB Seeks long-term growth of capital and current income.	-0-	\$83,880

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LIFE CYCLE LC Seeks long-term growth of capital. Secondary objective of current income.	-0-	\$126,248

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LIFE CYCLE LD Seeks long-term growth of capital. Secondary objective of current income.	-0-	\$89,642

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LIFE CYCLE LE Seeks long-term growth of capital. Secondary objective of current income.	-0-	\$97,387

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LIFE CYCLE LF Seeks long-term growth of capital. Secondary objective of current income.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	SMALL CAP GROWTH ACCOUNT III Seeks long-term growth of capital.	-0-	\$13,391

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	MID-CAP GROWTH ACCOUNT II Seeks long-term growth of capital.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	MID-CAP GROWTH ACCOUNT III Seeks long-term capital appreciation and income.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	DIVERSIFIED GROWTH ACCOUNT Seeks long-term capital appreciation and growth of income. Current income is a secondary objective.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	INTERNATIONAL GROWTH ETF ACCOUNT Seeks investment results that correspond to the performance, before fees and expenses, of the MSCI EAFE Index, or a similar non-U.S. large cap stock index.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	SMALL CAP GROWTH ETF ACCOUNT Seeks investment results that correspond to the performance, before fees and expenses, of the S&P Small Cap 600 Index, or a similar U.S. small cap stock index.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	MID-CAP GROWTH ETF ACCOUNT Seeks investment results that correspond to the performance, before fees and expenses, of the S&P MidCap 400 Index, or a similar U.S. mid-cap stock index.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	LARGE CAP GROWTH ETF ACCOUNT Seeks investment results that correspond to the performance, before fees and expenses, of the S&P 500 Index, or a similar U.S. large cap stock index.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	REIT ETF ACCOUNT Seeks investment results that correspond generally to the price and yield performance, before fees and expenses, of the Dow Jones U.S. Real Estate Index or a similar real estate investment trust index.	-0-	\$14,643

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	CORPORATE BOND ETF ACCOUNT Seeks investment results that correspond generally to the price and yield performance, before fees and expenses, of the Goldman Sachs iBoxx™ Index.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	TIPS ETF ACCOUNT Seeks investment results that correspond generally to the price and yield performance, before fees and expenses, of the Lehman Brothers U.S. Treasury Inflation Notes Index.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Sentry Life Insurance Company	SMALL CAP VALUE ACCOUNT Pursues its investment objective by investing primarily in the common stocks of small companies who stock prices are believed to be undervalued by the Fund's portfolio managers.	-0-	\$

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Participant Loans	5% - 9.25%	-0-	\$4,899

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2009****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2009 or fiscal plan year beginning 06/22/2009 and ending 12/31/2009

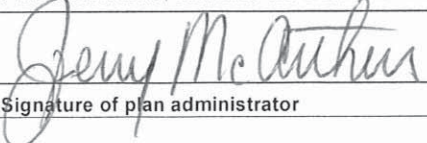
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☒ the first return/report; ☐ the final return/report;
☒ an amended return/report; ☒ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here: ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>MV EQUIPMENT 401K PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>06/22/2009</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MV EQUIPMENT LLC</u> <u>18793 HWY 6</u> <u>STERLING</u> <u>CO</u> <u>80751</u>	2b Employer Identification Number (EIN) <u>20-5548049</u> 2c Sponsor's telephone number <u>(970) 522-6697</u> 2d Business code (see instructions) <u>423800</u>

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		<u>8-28-12</u>	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5 120	
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d). a Active participants..... b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a 99 6b 0 6c 11 6d 110 6e 0 6f 110 6g 86 6h 8	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	