

Comprehensive Benefit Package

Information subject to change.

Health Insurance — Full-time employees may be eligible for group health insurance benefits after 90 days of employment through our mini-medical plan from “Employer’s Choice” through the American Sentinel Insurance Company. Winning Wheels’ contribution towards the group mini-medical coverage is 75% of the employee’s standard monthly premium up to \$150. If employees have alternative coverage or do not wish to participate in the program, they are not obligated to do so. *

Employers Choice Month Premiums/Deduction Per Pay Period:

Employee:	\$195.07 / \$ 24.38
Employee + 1 dependent:	\$382.60 / \$118.15
Employee + 2 or more	\$570.37 / \$212.04

*Effective 01/01/2011

Dental Insurance — Full-time employees are eligible for dental insurance after 90 days of employment. The employee can choose from two options and pays a nominal fee per month for coverage and Winning Wheels pays the remainder of the employee’s monthly premium (\$10.00/month). Coverage is also available for family members at the employee’s expense.*

*The Standard Dental Insurance Monthly Premiums/Deduction Per Pay Period
Orthodontia care for coverage that includes children.

Employee:	\$25.32 / \$ 7.66
Employee & Spouse:	\$49.76 / \$19.88
Employee & Children:	\$49.80 / \$19.90
Employee & Family:	\$74.08 / \$32.04

*Effective 02/01/2011

Voluntary Vision Insurance Program — After 90 days of service, full-time employees and their dependents are eligible to participate in the Vision Service Plan (VSP) at the employee’s expense. *

VSP Vision Monthly Premiums/Deduction Per Pay Period:

Employee:	\$ 7.15 / \$ 3.58
Employee & Spouse:	\$11.44 / \$ 5.72
Employee & Children:	\$11.68 / \$ 5.84
Employee & Family:	\$18.83 / \$ 9.42

*Effective 01/01/2011

**Under the “125 Cafeteria” Flex Plan, employee contributions to health, dental and vision plans are made pre-tax, which allows each employee to save money on income and social security taxes.*

Voluntary Life Insurance — After 90 days of service, full-time employees are eligible to participate in our group term life insurance program at their own expense.

Life Insurance – Group life and accidental death and dismemberment insurance is provided after 90 days of employment at no cost to the employee. The benefit is one and one-half times the employee’s annual base salary.

Retirement/Annuity – Upon employment, employees are eligible to participate in our 403(b) Retirement Program. The program allows each employee to contribute to a tax deferred retirement account. After a participating employee completes one year of full-time service, Winning Wheels will contribute a matching amount per month (up to \$50) directly to the employee’s account, provided they meet all eligibility requirements.

Short & Long Term Disability Insurance – In the event that an employee must be absent due to serious illness or injury, our income protection plan will be utilized to supplement income lost due to such absence. Both short and long-term disability insurance are available at no additional cost to eligible employees after 90 days of employment. Our programs are insured through The Standard. Disability insurance replaces a portion of your earnings and helps protect you, your family and your possessions from the devastating effects of the loss of income.

*Effect 1/1/09

Child Day Care – Winning Wheels employees are eligible for a 50% discount at the nearby Lyndon Play and Learn Center. The center serves children ages 6 weeks to 12 years old. Before and after school programs and preschool are included. A summer program is available for children ages 5 to 12.

Ages 6 weeks - 3 years

Over 5 Hours	\$17.50 / Day
Up to 5 Hours	\$12.50 / Day

*Multiple-child discounts available

Ages 3 – 5 years

Over 5 Hours	\$15.00 / Day
Up to 5 Hours	\$10.00 / Day

*Multiple-child discounts available

Kids Club (Kindergarten – 12 Years)

Full Time (5 hours or more per day)	\$15.00 / Day
Part Time (Less than 5 hours per day)	\$10.00 / Day

Before & After School (K–12 Years)

Before School	\$ 2.50 / Day
After School	\$ 2.50 / Day

*Effective 02/01/2011

Winning Wellness – After 1 year of full-time employment, employees may be eligible for reimbursement for successful completion of a smoking cessation program. Eligible employees may be reimbursed up to 70% of the program cost, including actual prescription cost after insurance, up to \$250.00 per year. Winning Wellness assistance is subject to administrative approval and can only be applied to approved programs.

Educational Assistance – Reimbursement is available up to a maximum of \$500 per semester, which may be applied towards tuition, books, lab fees, and special fees. Seminar and Workshop Compensation is also provided to cover the costs of registration, travel, meals and lodging as required for continuing education opportunities.

Professional Licenses and Membership Dues – Winning Wheels employees whose position require that a professional license be maintained will be eligible for reimbursement of such a license up to \$250. Also, if an employee belongs to an organization representing your profession, and your membership is beneficial to Winning Wheels, the cost of your membership, up to \$250 annually, will be paid on your behalf. Other fees associated with boards or licensure/certification examinations may be reimbursed contingent on administrative approval.

Vacation – Employees accrue vacation time on regular hours worked, including vacation time, personal days, and holidays, on the following basis: Up to a maximum of one week (40 hours) during the first year of service; a maximum of 2 weeks (80 hours) during each of the second through fourth years of continuous service; a maximum of 3 weeks (120 hours) during the fifth year of continuous service; to a maximum of 4 weeks (160 hours) during the fifteenth year of continuous service, can be accumulated. Accrued vacation is available upon successful completion of the 90-day Introductory Period.

Holidays – The facility recognizes 6 paid holidays which include: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Employees required to work on the actual holiday will be paid a rate of time and a half the regular rate of pay. Full-time employees working their scheduled days before and after the holiday will also receive 8 hours of holiday pay at their regular rate.

Personal Days – Personal days are awarded to employees on the following basis: 1 personal day after the completion of the 90-day Introductory Period; 2 personal days after one year of service; 3 personal days per year after two years of service; 4 personal days per year after 5 or more years of service.

Bonuses – A **Call-In Bonus** of \$1.25 more per hour is given to staff who are called in early to work, are mandated to stay over for schedule coverage, or come in to work on their day off. Employees choosing to participate in the **Mandatory Stayover Numbering System** will also receive a monthly bonus.

Credit Union – Employees may join the Morrison Community Federal Credit Union or IH Mississippi Valley Credit Union upon employment. Credit Union transactions may be made by payroll deduction.

Limited Benefit Option – Employees may elect a \$0.50 per hour increase in pay by forfeiting the right to certain benefits. Staff members who choose this option must sign a No Benefit Election Agreement and comply with its terms for at least six months.

Insurance premiums are prepaid by Winning Wheels, therefore final payroll deductions may need to be adjusted accordingly.

APPLICANT INFORMATION

Your Name (Last, First, Middle)		Date of Birth: _____	<input type="checkbox"/>	Married
		Date of Hire: _____	<input type="checkbox"/>	Single
		SSN: _____	<input type="checkbox"/>	Divorced
Your Address	City/State/Zip	Job Title / Occupation	<input type="checkbox"/>	Male
			<input type="checkbox"/>	Female

COVERAGE SECTION - Provided at no cost to employee.

Life with AD&D	<input checked="" type="checkbox"/>	Company Paid
Short Term Disability	<input checked="" type="checkbox"/>	Company Paid
Long Term Disability	<input checked="" type="checkbox"/>	Company Paid

BENEFICIARY Person you designate to be the payee for your life Insurance benefit.

Primary - Full Name	Address	% of Benefit	SSN	Relationship
Contingent - Full Name	Address	% of Benefit	SSN	Relationship
Contingent - Full Name	Address	% of Benefit	SSN	Relationship

CHANGE Use this section only when you wish to make a change after insurance becomes effective.

<input type="checkbox"/> Add Dependent	<input type="checkbox"/> Delete Dependent	<input type="checkbox"/> Name Change	<input type="checkbox"/> Beneficiary Change
Date of add/delete _____	Former name _____	<input type="checkbox"/> Other _____	

SIGNATURE I wish to make the choices indicated on this form. I understand that these are my company paid benefits.

Employee Signature (required)	Date (mo/Day/Yr)

FOR COMPANY USE:

Division ID	Date of Hire	Earnings \$ _____	<input type="checkbox"/>	Per Hr	Group Number: 147170
			<input type="checkbox"/>	Per Wk	
Billing Cat.	Date of Rehire	Hours Worked Per Week	<input type="checkbox"/>	Per Mo	Group Name: American Health Enterprises
			<input type="checkbox"/>	Per Yr	

APPLICANT INFORMATION

Your Name (Last, First, Middle)		Date of Birth: _____	<input type="checkbox"/>	Married
		Date of Hire: _____	<input type="checkbox"/>	Single
		SSN: _____	<input type="checkbox"/>	Divorced
Your Address	City/State/Zip	Job Title / Occupation	<input type="checkbox"/>	Male
			<input type="checkbox"/>	Female

COVERAGE SECTION - Employee must elect coverage for self in order to elect dependent coverage.

Employee Voluntary Life Ins. (Choose one)	Spouse	(Choose one)	Spouse Name: _____
<input type="checkbox"/> \$25,000		<input type="checkbox"/> \$10,000	Spouse DOB: _____
<input type="checkbox"/> \$50,000		<input type="checkbox"/> Waive coverage	
<input type="checkbox"/> \$75,000			
<input type="checkbox"/> \$100,000			
<input type="checkbox"/> Waive coverage	Child	(Choose one)	
		<input type="checkbox"/> \$2,500	
		<input type="checkbox"/> Waive coverage	

BENEFICIARY Person you designate to be the payee for your life Insurance benefit.

Primary - Full Name	Address	% of Benefit	SSN	Relationship
Contingent - Full Name	Address	% of Benefit	SSN	Relationship

DENTAL - Must either elect coverage or waive coverage.

Spouse Name (only if electing) _____	<input type="checkbox"/>	You only
Child 1 (only if electing) _____	<input type="checkbox"/>	You and your spouse
Child 2 (only if electing) _____	<input type="checkbox"/>	You and your children
Child 3 (only if electing) _____	<input type="checkbox"/>	You and your spouse & children
	<input type="checkbox"/>	I decline dental insurance for myself
	<input type="checkbox"/>	I decline dental insurance for my dependents

CHANGE Use this section only when you wish to make a change after insurance becomes effective.

<input type="checkbox"/> Add Dependent	<input type="checkbox"/> Delete Dependent	<input type="checkbox"/> Name Change	<input type="checkbox"/> Beneficiary Change
Date of add/delete _____	Former name _____		<input type="checkbox"/> Other _____

SIGNATURE I wish to make the choices indicated on this form. If electing coverage I authorize deductions from my wages to cover my contribution, if required, towards the cost on insurance. I understand my deductions will change if my coverage or cost change.

Employee Signature (required)	Date (mo/Day/Yr)

FOR COMPANY USE:

Division ID	Date of Hire	Earnings \$ _____	<input type="checkbox"/> Per Hr	Group Number:
			<input type="checkbox"/> Per Wk	147170
Billing Cat.	Date of Rehire	Hours Worked Per Week	<input type="checkbox"/> Per Mo	Group Name:
			<input type="checkbox"/> Per Yr	American Health Enterprises

*Employer's
choice*

Traditional Medical Plan

AMERICAN HEALTH ENTERPRISES

PPO Network Access  **Out of Network**
Choose right.

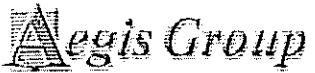
- Guaranteed Issue**
- Maternity Included From Day One**
- HIPAA Compliant**
- Covers State Mandates**
- "A" Rated Carrier**
- Assignable Benefits**
- PPO Discounts**
- Vision Discount Program**
- \$20,000 Accidental Death Benefit**
- COBRA Administration**

Office Visit Co-pay (No Deductible!) \$60 max benefit per visit after co-pay \$100 Annual max for Wellness visits	\$15 Co-pay	\$25 Co-pay
Maximum Benefit (per occurrence)	\$3,500	\$3,500
Deductible (per occurrence)	\$150	\$150
Hospital Care <i>Inpatient and Out patient</i>	Covered at 70%	Covered at 60%
Additional In-Patient Benefit <i>(pays after Basic benefit is used)</i>	\$500 per day <i>(30 days max per year)</i>	\$500 per day <i>(30 days max per year)</i>
Lab/ X-Ray/ Diagnostic Care <i>(Including Interpretation)</i>	Covered at 70% up to \$1,000 per occurrence	Covered at 60% up to \$1,000 per occurrence
Emergency Room/ Ambulance <i>*After \$250 ER Deductible (Deductible waived if admitted into ER or if due to an accident)</i>	Covered at 70% in and out-of-network	
Surgery (In patient or Out patient)	Covered at 70%	Covered at 60%
Other Covered Medical Services <i>Skilled Nursing Facility Hospice Care Physical Therapy Durable Medical Equipment</i>	Covered at 70%	Covered at 60%
Rx Benefit (For Name Brands and Generics) \$4800 annual max for Generics (\$400 a month) \$1000 annual max for name Brands	Generics- \$5 Co-pay Oral Contraceptvs- \$20 co-pay 50% Refund on Name Brand	

Generic Rx Card is Accepted at all major Pharmacies across U.S.- Walgreens, Wal-Mart, Eckerd, Rite Aid, etc.) The Name Brand benefits are reimbursed to the insured.

If a condition is treated in the prior six months, there will be no coverage for that pre-existing condition for 12 months. Credit will be given with proof of prior coverage.

Monthly Rates		
EE	ES / EC	Family
\$195.07	\$382.60	\$570.37
Semi Monthly EE Rates (24 pay periods)		
EE	ES / EC	Family
\$24.38	\$118.15	\$212.03

Underwritten By:

Aegis Group
American Sentinel Insurance Company
Aegis Security Insurance Company
A.M. Best Rating: A (Excellent)

ENROLLMENT FORM

Please Print or Type All Answers

Applicant's Full Name: Last			First	MI	___ Male ___ Female	___ Single ___ Married ___ Legally Separated	___ Divorced ___ Widowed
Applicant's Home Address		Street		City	County	State	Zip Code
Social Security Number				Date of Birth		Home Phone Number Area Code ()	
Employer			Date of Hire _____ Effective Date _____		Daytime Phone Number Area Code ()		
Address					Group Number		
City		County		State	Zip Code		
Beneficiary				Relationship to you			

IF DEPENDENT COVERAGE IS REQUESTED, LIST ALL ELIGIBLE DEPENDENTS

Full name (last, first, middle initial)	Date of Birth (MM/DD/YY)	Age	Male Female	Social Security Number	If a dependent child is 19 but less than 25 years of age, is he or she a full-time college student or disabled?
Spouse (full name)			___ Male ___ Female		
Child (full name)			___ Male ___ Female		___ Full-time Student ___ Disabled
Child (full name)			___ Male ___ Female		___ Full-time Student ___ Disabled
Child (full name)			___ Male ___ Female		___ Full-time Student ___ Disabled

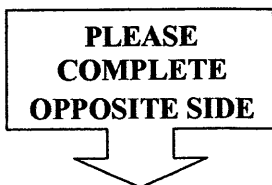
The coverage for which you are applying includes a Pre-existing limitation which states: We will not pay for a condition for which you, your spouse or covered dependent has received medical treatment, care or advice within 6 months before being covered under this policy. This Pre-existing limitation does not apply if:

- a) you, your spouse or covered dependent has received no such treatments, care or advice for that condition for 6 straight months after being covered; or
- b) coverage has been in effect for 12 months; or
- c) the condition is a pregnancy.

This Pre-existing limitation can be reduced by the period of time you, your spouse or dependents were previously insured under a prior plan, if coverage under this plan is effective within 63 days of termination of your prior plan.

I hereby apply for coverage indicated. I understand this application is subject to approval by American Sentinel Insurance Company and/or its reinsurers, and any coverage provided is also subject to the terms of agreement and/or contracts issued to me. Any persons or organizations, or any government agency having provided health care services to me, or any person named on this application or attachments to this application, either prior to or during the period of the contract, is authorized to furnish to American Sentinel Insurance Company, any information or records related to any claims submitted. "Any person knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and subject to criminal and civil penalties." I verify that statements made in this application are true and correct.

Date Signed _____ Signature _____



Were you or any of your dependents ever treated or advised that you have any of the following conditions:

- Myocardial Infarction (Heart Attack) Congestive Heart Failure or Chronic Obstructive Pulmonary Disease
- Cerebral Vascular Accident (Stroke) or any conditions of the circulatory system
- Asthma, Emphysema, or any conditions of the respiratory system
- Allergies
- Diabetes
- High Blood Pressure
- Hepatitis
- Acquired Immune Deficiency Syndrome
- Migraine Headaches
- Any conditions for which you or your dependents were treated within the last six months.

Name of person and condition _____

Answers to these questions will not be used to deny coverage for you or any of your dependents.

**PLEASE RETURN
APPLICATION TO
YOUR GROUP
ADMINISTRATOR**

VSP - vision
NEW ENROLLMENT

EMPLOYEE NAME	
PLACE OF EMPLOYMENT	
S.S #	
D.O.B.	
GENDER	
DATE OF HIRE	
COVERAGE CODE (circle one)	A = FULL FAMILY
	B = EMP. SPOUSE
	C = EMPL ONLY
	D = EMPL CHILDREN

WINNING WHEELS, INC. 403(b) PROGRAM

Each employee is eligible to participate in our 403(b) program at the onset of employment.

How the program works:

- Employee chooses amount to be withheld from check
- Amount is deposited directly into retirement account
- This amount is not subject to State or Federal Income taxes

Provided the employee meets the eligibility requirements, Winning Wheels makes an additional matching non-taxable contribution directly to your account, up to certain monthly limits established by the Board of Directors, after one year of employment. Currently, Winning Wheels matches monthly contributions up to \$50.

This program is similar in nature and restrictions to typical IRAs (Individual Retirement Accounts). An especially attractive feature of the 403(b) plan is that it will not affect your ability to contribute to an IRA maintained separate from Winning Wheels.

Interested employees will have the opportunity to meet with a representative of Pacific Life in June and December at Winning Wheels to determine the contribution amount and to decide to which types of account you would like to contribute.

Please notify the Personnel Office if you are interested in participating.

ACKNOWLEDGMENT OF RECEIPT

SUMMARY PLAN DESCRIPTION

Winning Wheels, Inc. 403(b) Plan

I hereby acknowledge receipt of a copy of the Summary Plan Description (“SPD”) on the above Plan. I received a copy of the SPD on the date indicated below.

Participant Name (PRINTED)

Participant Signature

Date Received: _____

WINNING WHEELS, INC. 403(B) PLAN

SUMMARY PLAN DESCRIPTION

Prepared By:

**Benefit Planning Consultants, Inc.
2110 Clearlake Blvd., Suite 200
Champaign, IL 61822**

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WINNING WHEELS, INC. 403(B) PLAN

SUMMARY PLAN DESCRIPTION

INTRODUCTION TO YOUR PLAN

Winning Wheels, Inc. 403(b) Plan ("Plan") has been adopted to provide you with the opportunity to save for retirement on a tax-advantaged basis and to provide additional income for retirement. This Plan is a type of retirement plan commonly referred to as a 403(b) plan or TSA (Tax Sheltered Annuity). This Summary Plan Description ("SPD") contains valuable information regarding when you may become eligible to participate in the Plan, your Plan benefits, your distribution options, and many other features of the Plan. You should take the time to read this Summary to get a better understanding of your rights and obligations under the Plan.

We have attempted to answer most of the questions you may have regarding your benefits in the Plan. If this Summary does not answer all of your questions, please contact the Administrator. The name and address of the Administrator can be found in the Article of this Summary entitled "General Information About The Plan."

This Summary describes the Plan's benefits and obligations as contained in the legal Plan document, which governs the operation of the Plan. The Plan document is written in much more technical and precise language. If the non-technical language under this Summary and the technical, legal language of the Plan document conflict, the Plan document always governs. If you wish to receive a copy of the legal Plan document, please contact the Administrator.

This Summary describes the current provisions of the Plan. The Plan is subject to federal laws, such as ERISA (the Employee Retirement Income Security Act), the Internal Revenue Code and other federal and state laws which may affect your rights. The provisions of the Plan are subject to revision due to a change in laws or due to pronouncements by the Internal Revenue Service (IRS) or Department of Labor (DOL). The Employer may also amend or terminate this Plan. The Administrator will notify you if the provisions of the Plan that are described in this Summary change. Terms of investment products you select may also affect the Plan. This Summary does not address the provisions of specific investment products.

ARTICLE I PARTICIPATION IN THE PLAN

Am I eligible to participate in the Plan?

Provided you are an eligible employee, you are eligible to participate in the Plan once you satisfy the Plan's eligibility conditions described in the next question.

All employees are eligible for all Plan purposes once they satisfy the eligibility conditions described in the next question, if any, which apply to a particular Plan contribution type.

When am I eligible to participate in the Plan?

Provided you are an eligible employee, you will be able to make elective deferrals beginning on your date of hire.

Provided you are an eligible employee, you will be eligible to participate in Employer contributions once you satisfy the applicable age and service requirements. You will actually enter the Plan once you reach the entry date as described in the next question.

You will have met the age requirement for matching contributions when you attain age 21.

You will have met the service requirement for matching contributions when you complete one year of service.

You will have completed a year of service if, at the end of your first twelve consecutive months of employment with us, you have been credited with at least 1,000 hour(s) of service. If you have not been credited with 1,000 hour(s) of service by the end of your first twelve consecutive months of employment, you will have completed a year of service once you complete the required hour(s) of service during any Plan year, beginning with the Plan year that includes the first anniversary of your employment date.

When is my entry date?

Provided you are an eligible employee, you will be able to make elective deferrals beginning on your date of hire.

Provided you are an eligible employee, you may begin participating in the Plan's matching contributions once you have satisfied the eligibility requirements and reached your "entry date." Your entry date is the first day of the month coinciding with or next following the date you satisfy the Plan's eligibility requirements.

What happens if I'm a participant, terminate employment and then I'm rehired?

If the Employer rehires you following your prior termination of employment, you may begin to make elective deferrals immediately upon your rehire. If you leave the Employer to enter qualified military service and the Employer rehires you under the Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA"), you will have the right to make-up the elective deferrals which you could have made while engaged in qualified military service. If you think this may apply to you, ask the Administrator for more information.

ARTICLE II CONTRIBUTIONS

What kind of contributions may I make to the Plan and how do my contributions affect my taxes?

As a participant in the Plan, you may elect to reduce your compensation by a specific percentage or dollar amount and have that amount contributed to the Plan on a pre-tax basis. The Plan refers to this as an "elective deferral." Your taxable income is reduced by your elective deferral contributions so you pay less federal income taxes. However, your elective deferrals are subject to Social Security taxes at the time of deferral. Later, when the Plan distributes the deferrals and earnings, you will pay income tax on

those amounts. Federal income taxes on the pre-tax deferral contributions and earnings are only postponed. See "What are my tax consequences when I receive a distribution from the Plan?"

The Employer may make additional contributions to the Plan on your behalf. This Article describes these employer contributions and how these monies will be allocated to your account to provide for your retirement benefit.

How much may I contribute to the Plan?

Your total elective deferrals in any calendar year may not exceed a certain dollar limit which is set by law ("elective deferral limit"). The elective deferral limit for 2009 is \$16,500. After 2009, the elective deferral limit may increase for cost-of-living adjustments. You may also defer more than the elective deferral limit if you are eligible to make "catch-up deferrals" as described below.

If you are age 50 or will attain age 50 before the end of a calendar year, you may make additional deferrals (called "age 50 catch-up deferrals") for that year and following years. If you meet the age 50 requirement and exceed the elective deferral limit described above, then any excess will be an age 50 catch-up deferral. The maximum catch-up deferral that you can make in 2009 is \$5,500. After 2009, the maximum age 50 catch-up deferral limit may increase for cost-of-living adjustments. Any age 50 catch-up deferrals that you make will be taken into account in determining any Employer matching contribution made to the Plan.

You should also be aware that the annual elective deferral limit is an aggregate limit which applies to all deferrals you may make under this Plan and any other 403(b) plans, simplified employee pensions, SIMPLE IRAs, or 401(k) plans in which you may be participating, including those of another employer. Generally, if your total deferrals under all of these arrangements for a calendar year exceed the annual elective deferral limit, then you must include the excess deferrals in your income for the year. If you make excess deferrals you should request in writing that the excess deferrals be returned to you. If you fail to request such a return, you may be taxed a second time when the excess deferral is ultimately distributed from the Plan.

You must decide which plan you would like to have return the amount of any excess deferral. If you decide that this Plan should distribute the excess, you should communicate this in writing to the Administrator no later than the March 1st following the close of the calendar year in which you made the excess deferrals. However, if you contribute excess deferrals to this Plan or any other plan maintained by the Employer, then you will be deemed to have notified the Administrator of the excess. The Administrator will then return the excess deferrals and any earnings thereon to you by April 15 of the year following the calendar year in which you made the excess deferrals.

How do I make an election to defer?

You must enter into a salary reduction agreement, which the Administrator will provide to you. The salary reduction agreement will explain the various rules, including any minimum or maximum amount which you may defer. The salary reduction agreement will explain the conditions for changing your deferral election or stopping deferrals altogether.

Am I vested in my elective deferrals and earnings?

You will always be 100% vested in your elective deferrals and in the earnings on your deferrals. The Administrator will account for these amounts separately from any other amounts in your Plan

account. When you become entitled to a distribution from the Plan, you will always be entitled to all amounts held in your elective deferral account. This account will be affected by the Plan investments. See "How is the money in the Plan invested?" below.

Will the Employer contribute to the Plan?

Each year, in addition to depositing your elective deferrals, the Employer may contribute matching contributions.

What is the Employer matching contribution?

A matching contribution is a contribution the Employer makes based on your elective deferrals. If you do not make any elective deferrals, you will not receive any matching contributions.

The Employer may contribute a discretionary percentage of the amount of your elective deferrals. If the Employer decides in any year to contribute a discretionary match, it will decide how much to contribute and the matching rate which will apply to your elective deferrals.

If you make elective deferrals, you will always share in the Employer's matching contribution for that Plan year, regardless of the amount of service you complete during the Plan year.

What compensation is used to determine my Plan benefits?

For the purposes of determining your allocation of all contributions to the Plan, compensation has a special and highly technical meaning. The Plan generally defines compensation as the total amounts paid to the employee for services rendered to the Employer, although some items may be excluded.

Is there a limit on the amount of compensation that can be considered?

For Plan years beginning on and after January 1, 2009, the amount of annual compensation that may be taken into consideration for Plan purposes is \$245,000. This amount may be adjusted after 2009 for cost-of-living increases.

Is there a limit on how much can be contributed to my account each year?

Generally, the law imposes a maximum limit on the amount of contributions, including elective deferrals, (excluding age 50 catch-up contributions) that may be made to your accounts and any other amounts allocated to any of your accounts during the Plan year (such as forfeitures), excluding earnings. Beginning in 2009, this total cannot exceed the lesser of \$49,000 or 100% of your includible compensation. The dollar limit may be adjusted after 2009 for cost-of-living increases.

May I make "rollover" contributions to the Plan?

At the discretion of the Administrator, you may be permitted to deposit into the Plan distributions you have received from other plans and certain IRAs, provided such distributions are legally qualified to be rolled over into this Plan. Such a deposit is called a "rollover" and may result in tax savings to you. You may ask your prior plan administrator or trustee to directly transfer (a "direct rollover") to this Plan all or a portion of any amount that you are entitled to receive as a distribution from a prior plan. Alternatively, if you received a distribution from a prior plan, you may elect to deposit

any amount eligible for rollover within 60 days of your receipt of the distribution. You should consult a qualified tax advisor to determine if a rollover to this Plan is permitted and in your best interest.

Your rollover will be placed in a separate account called a "rollover account." You will always be 100% vested in your rollover account. This means that you will always be entitled to all of your rollover contributions. Rollover contributions will be affected by any investment gains or losses.

How is the money in the Plan invested?

The Plan assets may be invested only in annuity contracts issued by an insurance company. See the Administrator for further details regarding permissible investments.

You will be able to direct the investment of your Plan account, including your elective deferrals. The Administrator will provide you with information on the investment choices available to you, the frequency with which you can change your investment choices and other information. Periodically, you will receive a benefit statement that provides information on your account balance and your investment returns. If you have any questions about the investment of your Plan accounts, please contact the Administrator. If you do not direct the investment of your Plan account, then your account will be invested in accordance with the default investment alternatives the Employer establishes under the Plan.

The Plan is intended to comply with Section 404(c) of ERISA (the Employee Retirement Income Security Act). If the Plan complies with this Section, then the fiduciaries of the Plan, including the Employer and the Administrator, will be relieved of any legal liability for any losses which are the direct and necessary result of the investment directions that you give. You must follow procedures in giving investment directions. If you fail to do so, then your investment directions need not be followed. You are not required to direct investments. If you do not direct the investment of your applicable Plan accounts, then your accounts will be invested in accordance with the default investment alternatives as established under the Plan.

When you direct investments, your account is segregated for purposes of determining the earnings or losses on these investments. Your account does not share in the investment performance for other participants who have directed their own investments.

You should remember that the amount of your benefits under the Plan will depend in part upon your choice of investments. Gains as well as losses can occur. The Employer and the Administrator will not provide investment advice or guarantee the performance of any investment you choose.

Will Plan expenses be deducted from my account balance?

Expenses allocated to all accounts. The Plan permits the payment of Plan expenses to be made from the Plan's assets. If expenses are paid using the Plan's assets, then the expenses will generally be allocated among the accounts of all participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. The method of allocating the expenses depends on the nature of the expense itself. For example, certain administrative (or recordkeeping) expenses would typically be allocated proportionately to each participant. If the Plan pays \$1,000 in expenses and there are 100 participants, your account balance would be charged \$10 (\$1,000/100) of the expense.

ARTICLE III DISTRIBUTIONS

Will I receive a distribution of my account if I terminate employment with the Employer?

If you terminate employment for any reason and at any age (including retirement), and the value of your vested benefit does not exceed \$5,000, not counting any rollover contributions, then a distribution will automatically be paid to you even if you do not consent. Any distribution under this paragraph will be paid to you in a lump-sum distribution within a year after you terminate employment.

If your vested benefit exceeds \$5,000, then you will be entitled to a distribution in a reasonable time after you terminate employment. (See the question in the Article entitled "How will my benefits be paid?" for a further explanation of how benefits are paid from the Plan.)

What is the Plan's "normal retirement age"?

You will attain your normal retirement age when you reach age 65. Normal retirement age does not control when you may receive distributions under the Plan.

If your employment terminates for reasons other than death, disability, or attainment of normal retirement age, you will be entitled to receive only your "vested percentage" of your account balance.

What is my vested interest in my account?

You are always 100% vested (which means that you are entitled to all of the amounts) in your account attributable to the following:

- elective deferrals including catch-up contributions
- rollover contributions
- matching contributions

Thus, you are always entitled to all amounts in your accounts

How will my benefits be paid?

You may elect to receive your distribution under one of the methods described below:

- a single lump-sum payment in cash or, in certain circumstances, in property.
- installments over your life expectancy in compliance with the required minimum distribution requirements of the Internal Revenue Code. Under these requirements, you must generally begin receiving distributions by April 1 of the calendar year following the year in which you turn 70 1/2 (or, if later, the year you retire from the Employer). The law provides a schedule of minimum annual payments which the Plan must make every year.

- Notwithstanding the above, a Participant who is required to receive lifetime RMDs may receive installments payable in annual installments only, equal to or exceeding the annual RMD amount..

Your investment product may provide you with additional distribution options.

May I elect to roll over my account to another plan or IRA?

If you are entitled to a distribution of more than \$200, then you may elect whether to receive the distribution or to roll over the distribution to another retirement plan such as an individual retirement account ("IRA").

If your vested interest in the Plan excluding rollover contributions exceeds \$1,000 and does not exceed \$5,000 and you do not elect either to receive or to roll over the distribution, then under certain circumstances your distribution must be rolled over to an IRA ("automatic rollover"). The IRA provider will invest the automatic rollover funds in a type of investment designed to preserve principal and provide a reasonable rate of return and liquidity (e.g., an interest-bearing account, a certificate of deposit or a money market fund). The IRA provider will charge your account for any expenses associated with the establishment and maintenance of the IRA and with the IRA investments. You may transfer the IRA funds to any other IRA you choose. If this applies to you, you will be provided with details regarding your distribution rights and the automatic rollover IRA at the time you are entitled to a distribution. However, you may contact the Plan Administrator at the address indicated in this Summary for further information regarding the Plan's automatic rollover provisions, the IRA provider, and the fees and expenses associated with the IRA.

ARTICLE IV DISABILITY BENEFITS

How is disability defined?

Under the Plan, disability means the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. An investment product may use a different definition. You may be required to submit to a physical examination to determine whether you are disabled.

What happens if I become disabled?

If you become disabled while a participant, you will be entitled to a distribution of 100% of your account balance. Payment of your disability benefits will be made to you as if you had terminated employment without disability.

ARTICLE V DEATH BENEFITS

What happens if I die while working for the Employer?

If you die while still employed by the Employer, your entire account balance will be used to provide your beneficiary with a death benefit.

Who is the beneficiary of my death benefit?

If you are married at the time of your death, your spouse will be the beneficiary of the entire death benefit unless an election is made to change the beneficiary. IF YOU WISH TO DESIGNATE A BENEFICIARY OTHER THAN YOUR SPOUSE, YOUR SPOUSE MUST IRREVOCABLY CONSENT TO WAIVE ANY RIGHT TO THE DEATH BENEFIT. YOUR SPOUSE'S CONSENT MUST BE IN WRITING, BE WITNESSED BY A NOTARY OR A PLAN REPRESENTATIVE, AND ACKNOWLEDGE THE SPECIFIC NONSPOUSE BENEFICIARY.

If you are married, you have named someone other than your spouse to be your beneficiary as described in the preceding paragraph, and wish to again change your beneficiary designation, your spouse must again consent to the change, unless you are changing your designation to name your spouse as your beneficiary. In addition, you may elect a beneficiary other than your spouse without your spouse's consent if your spouse cannot be located.

If you are not married, you may designate your beneficiary on a form to be supplied to you by the Plan.

If no valid designation of beneficiary exists, or if the beneficiary is not alive when you die, then the death benefit will be paid in the following order, unless the investment provider's documentation says otherwise:

- (a) Your surviving spouse;
- (b) Your children, including adopted children, and if a child dies before you, to their children, if any;
- (c) Your surviving parents, in equal shares; or
- (d) Your estate.

How will the death benefit be paid to my beneficiary?

The death benefit will be paid to your beneficiary. The beneficiary may choose among the then available distribution options unless you elected the death benefit distribution method prior to your death.

When must the last payment be made to my beneficiary?

If your designated beneficiary is a person (other than your estate or most trusts) then minimum distributions of your death benefit must generally begin within one year of your death and must be paid over a period not extending beyond your beneficiary's life expectancy. If your spouse is the beneficiary, the start of payments may be delayed until the year in which you would have attained age 70 1/2. Generally, if you die before you are required to begin minimum distributions (which for most people is shortly after the later of age 70 1/2 or retirement) and your beneficiary is not a person, then your entire death benefit must be paid within five years after your death. Some investment products may allow a person to use this five-year rule. See the Plan Administrator for further details.

Since your spouse has certain rights in the death benefit, you should immediately report any change in your marital status to the Administrator.

What happens if I'm a participant, terminate employment, and die before receiving all my benefits?

If you terminate employment with us and subsequently die, your beneficiary will be entitled to the vested percentage of your remaining account balance at the time of your death.

**ARTICLE VI
IN-SERVICE DISTRIBUTIONS**

Can I withdraw money from my account while working for the Employer?

While you are working, you are generally not permitted to withdraw money from your account. However, some individual investment products may provide for in-service distribution options, such as hardship distributions. Please see your Administrator for details.

You may withdraw your rollover contributions, if any, at any time prior to severance.

**ARTICLE VII
TAX TREATMENT OF DISTRIBUTIONS**

What are my tax consequences when I receive a distribution from the Plan?

Generally, you must include any Plan distribution in your taxable income in the year in which you receive the distribution. The tax treatment may also depend on your age when you receive the distribution.

Can I reduce or defer tax on my distribution?

You may reduce, or defer entirely, the tax due on your distribution through use of one of the following methods:

(a) The rollover of all or a portion of the distribution you actually receive to a traditional Individual Retirement Account (IRA) or another eligible employer plan. This will result in no tax being due until you begin withdrawing funds from the traditional IRA or other eligible employer plan. The rollover of the distribution, however, **MUST** be made within strict time frames (normally, within 60 days after you receive your distribution). Under certain circumstances all or a portion of a distribution may not qualify for this rollover treatment. In addition, most distributions will be subject to mandatory federal income tax withholding at a rate of 20%. This will reduce the amount you actually receive. For this reason, if you wish to roll over all or a portion of your distribution amount, the direct rollover option described in paragraph (b) below would be the better choice.

(b) For most distributions, you may request that a "direct rollover" of all or a portion of the distribution to either a traditional Individual Retirement Account (IRA) or another qualified employer plan willing to accept the rollover. A direct rollover will result in no tax being due until you withdraw funds from the traditional IRA or other qualified employer plan. Like the 60-day rollover, under certain circumstances all or a portion of the amount to be distributed may not

qualify for this direct rollover, e.g., a distribution of less than \$200 will not be eligible for a direct rollover. If you elect to actually receive the distribution rather than request a direct rollover, then in most cases 20% of the distribution amount will be withheld for federal income tax purposes.

WHENEVER YOU RECEIVE A DISTRIBUTION, THE ADMINISTRATOR WILL DELIVER TO YOU A MORE DETAILED EXPLANATION OF THESE OPTIONS. HOWEVER, THE RULES WHICH DETERMINE WHETHER YOU QUALIFY FOR FAVORABLE TAX TREATMENT ARE VERY COMPLEX. YOU SHOULD CONSULT WITH A QUALIFIED TAX ADVISOR BEFORE MAKING A CHOICE.

ARTICLE VIII PROTECTED BENEFITS AND CLAIMS PROCEDURES

Is my benefit protected?

As a general rule, your interest in your account may not be alienated. This means your interest may not be sold, used as collateral for a loan, given away or otherwise transferred. In addition, in general, your creditors may not attach, garnish or otherwise interfere with your account. However, creditor protection of Plan assets is a complex subject and may be affected by bankruptcy and other laws. If you want specific information about possible protection of your Plan account from creditors, you should consult a qualified advisor.

Are there any exceptions to the general rule?

Apart from possible access by creditors described above, there are two exceptions to the general rule. The Administrator must honor a "qualified domestic relations order." A "qualified domestic relations order" is defined as a decree or order issued by a court that obligates you to pay child support or alimony, or otherwise allocates a portion of your assets in the Plan to your spouse, former spouse, child or other dependent. If a qualified domestic relations order is received by the Administrator, all or a portion of your benefits may be used to satisfy the obligation. The Administrator will determine the validity of any domestic relations order received. You and your beneficiaries can obtain, without charge, a copy of the QUALIFIED DOMESTIC RELATIONS ORDER PROCEDURE from the Administrator.

The second exception applies if you are involved with the Plan's administration. If you are found liable for any action that adversely affects the Plan, the Administrator can offset your benefits by the amount you are ordered or required by a court to pay the Plan. All or a portion of your benefits will be used to satisfy any such obligation to the Plan.

Can the Plan be amended?

Yes. The Employer may amend the Plan at any time. In no event, however, will any amendment authorize or permit any part of the Plan assets to be used for purposes other than the exclusive benefit of participants or their beneficiaries. Additionally, no amendment will cause any reduction in the amount credited to your account.

What happens if the Plan is discontinued or terminated?

The Employer may terminate the Plan at any time. Upon termination, no more contributions may be made to the Plan. The Administrator will notify you of any modification or termination of the Plan.

How do I submit a claim for Plan benefits?

You or your beneficiaries may make a request for any Plan benefits to which you believe you are entitled. Any such request should be in writing and should be made to the Administrator or investment provider. An investment provider may have specific forms for this purpose.

If the Administrator determines the claim is valid, then you will receive a statement describing the amount of benefit, the method or methods of payment, the timing of distributions and other information relevant to the payment of the benefit.

What if my benefits are denied?

Your request for Plan benefits will be considered a claim for Plan benefits, and it will be subject to a full and fair review. If your claim is wholly or partially denied, the Administrator will provide you with a written or electronic notification of the Plan's adverse determination. This written or electronic notification must be provided to you within a reasonable period of time, but not later than 90 days after the receipt of your claim by the Administrator, unless the Administrator determines that special circumstances require an extension of time for processing your claim. If the Administrator determines that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the termination of the initial 90-day period. In no event will such extension exceed a period of 90 days from the end of such initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plan expects to render the benefit determination.

In the case of a claim for disability benefits, if disability is determined by a physician chosen by the Administrator (rather than relying upon a determination of disability for Social Security purposes), then instead of the above, the Administrator will provide you with written or electronic notification of the Plan's adverse benefit determination within a reasonable period of time, but not later than 45 days after receipt of the claim by the Plan. This period may be extended by the Plan for up to 30 days, provided that the Administrator both determines that such an extension is necessary due to matters beyond the control of the Plan and notifies you, prior to the expiration of the initial 45-day period, of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision. If, prior to the end of the first 30-day extension period the Administrator determines that, due to matters beyond the control of the Plan, a decision cannot be rendered within that extension period, the period for making the determination may be extended for up to an additional 30 days, provided that the Administrator notifies you, prior to the expiration of the first 30-day extension period, of the circumstances requiring the extension and the date as of which the Plan expects to render a decision. In the case of any such extension, the notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issues, and you will be afforded at least 45 days within which to provide the specified information.

The Administrator's written or electronic notification of any adverse benefit determination must contain the following information:

- (a) The specific reason or reasons for the adverse determination.
- (b) Reference to the specific Plan provisions on which the determination is based.

- (c) A description of any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary.
- (d) Appropriate information as to the steps to be taken if you or your beneficiary want to submit your claim for review.
- (e) In the case of disability benefits where the disability is determined by a physician chosen by the Administrator:
 - (i) If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of the rule, guideline, protocol, or other similar criterion will be provided to you free of charge upon request.
 - (ii) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided to you free of charge upon request.

If your claim has been denied and you want to submit your claim for review, you must follow the Claims Review Procedure below.

What is the Claims Review Procedure?

Upon the denial of your claim for benefits, you may file your claim for review, in writing, with the Administrator.

- (a) YOU MUST FILE THE CLAIM FOR REVIEW NO LATER THAN 60 DAYS AFTER YOU HAVE RECEIVED WRITTEN NOTIFICATION OF THE DENIAL OF YOUR CLAIM FOR BENEFITS.

HOWEVER, IF YOUR CLAIM IS FOR DISABILITY BENEFITS AND DISABILITY IS DETERMINED BY A PHYSICIAN CHOSEN BY THE ADMINISTRATOR, THEN INSTEAD OF THE ABOVE, YOU MUST FILE THE CLAIM FOR REVIEW NO LATER THAN 180 DAYS FOLLOWING RECEIPT OF NOTIFICATION OF AN ADVERSE BENEFIT DETERMINATION.

- (b) You may submit written comments, documents, records, and other information relating to your claim for benefits.
- (c) You may review all pertinent documents relating to the denial of your claim and submit any issues and comments, in writing, to the Administrator.
- (d) You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

(e) Your claim for review must be given a full and fair review. This review will take into account all comments, documents, records, and other information submitted by you relating to your claim, without regard to whether such information was submitted or considered in the initial benefit determination.

In addition to the Claims Review Procedure above, if your claim is for disability benefits and disability is determined by a physician chosen by the Administrator, then the Claims Review Procedure provides that:

(a) Your claim will be reviewed without deference to the initial adverse benefit determination and the review will be conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual.

(b) In deciding an appeal of any adverse benefit determination that is based in whole or part on medical judgment, the appropriate named fiduciary will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment.

(c) Any medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your adverse benefit determination will be identified, without regard to whether the advice was relied upon in making the benefit determination.

(d) The health care professional engaged for purposes of a consultation in (b) above will be an individual who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual.

The Administrator will provide you with written or electronic notification of the Plan's benefit determination on review. The Administrator must provide you with notification of this denial within 60 days after the Administrator's receipt of your written claim for review, unless the Administrator determines that special circumstances require an extension of time for processing your claim. If the Administrator determines that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the termination of the initial 60-day period. In no event will such extension exceed a period of 60 days from the end of the initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plan expects to render the determination on review. However, if the claim relates to disability benefits and disability is determined by a physician chosen by the Administrator, then 45 days will apply instead of 60 days in the preceding sentences. In the case of an adverse benefit determination, the notification will set forth:

(a) The specific reason or reasons for the adverse determination.

(b) Reference to the specific Plan provisions on which the benefit determination is based.

(c) A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

(d) In the case of disability benefits where disability is determined by a physician chosen by the Administrator:

- (i) If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of the rule, guideline, protocol, or other similar criterion will be provided to you free of charge upon request.
- (ii) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided to you free of charge upon request.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. However, in order to do so, you must file the suit no later than 180 days after the Administrator makes a final determination to deny your claim.

What are my rights as a Plan participant?

As a participant in the Plan you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants are entitled to:

- (a) Examine, without charge, at the Administrator's office and at other specified locations, all documents governing the Plan, including insurance contracts and collective bargaining agreements; and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- (b) Obtain, upon written request to the Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and an updated SPD. The Administrator may make a reasonable charge for copies.
- (c) Receive a summary of the Plan's annual financial report. The Administrator is required by law to furnish each participant with a copy of this summary annual report.
- (d) Obtain a statement telling you whether you have a right to receive a pension at Normal Retirement Age and, if so, what your benefits would be at Normal Retirement Age if you stop working under the Plan now. If you do not have a right to a pension benefit, the statement will tell you how many years you have to work to earn a right to a pension. THIS STATEMENT MUST BE REQUESTED IN WRITING AND IS NOT REQUIRED TO BE GIVEN MORE THAN ONCE EVERY TWELVE (12) MONTHS. The Plan must provide this statement free of charge.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and

beneficiaries. No one, including your Employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

If your claim for a pension benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Administrator to provide the materials and pay you up to \$110.00 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. You and your beneficiaries can obtain, without charge, a copy of the qualified domestic relations order procedures from the Administrator.

If it should happen that the Plan's fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim is frivolous.

What can I do if I have questions or my rights are violated?

If you have any questions about the Plan, you should contact the Administrator. If you have any questions about this statement, or about your rights under ERISA, or if you need assistance in obtaining documents from the Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

ARTICLE IX GENERAL INFORMATION ABOUT THE PLAN

There is certain general information that you may need to know about the Plan. This information has been summarized for you in this Article.

General Plan Information

The full name of the Plan is Winning Wheels, Inc. 403(b) Plan. It has plan number 001.

The provisions of the Plan become effective on January 1, 2009.

The Plan's records are maintained on a twelve-month period of time. This is known as the "Plan year." The Plan year begins on January 1 and ends on December 31.

Valuations of the Plan are generally made annually on the last day of the Plan year.

The Plan will be governed by the laws of Illinois.

Benefits provided by the Plan are NOT insured by the Pension Benefit Guaranty Corporation (PBGC).

What is an "hour of service" under the Plan?

An hour of service is:

- (a) each hour for which you are directly or indirectly compensated by the Employer for the performance of duties during the Plan year;
- (b) each hour for which you are directly or indirectly compensated by the Employer for reasons other than the performance of duties (such as vacation, holidays, sickness, disability, lay-off, military duty, jury duty or leave of absence during the Plan year); and
- (c) each hour for back pay awarded or agreed to by the Employer.

You will not be credited for the same hours of service both under (a) or (b), as the case may be, and under (c).

How are hours of service credited?

You will be credited with your actual hours of service for all Plan purposes.

Employer Information

The Plan sponsor's name, address, and identification number are:

Winning Wheels, Inc.
701 E. Third Street
Prophetstown, Illinois 61277
23-7136038

The Plan allows other employers to adopt its provisions. You or your beneficiaries may examine or obtain a complete list of employers, if any, who have adopted the Plan by making a written request to the Administrator.

Administrator Information

The Plan's Administrator is responsible for the day-to-day administration and operation of the Plan. For example, the Administrator maintains the Plan records, including your account information, provides you with the forms you need to complete for Plan participation and directs the payment of your account at the appropriate time. The Administrator will also allow you to review the formal Plan document and certain other materials related to the Plan. If you have any questions about the Plan and

your participation, you should contact the Administrator. The Administrator may designate other parties to perform some duties of the Administrator, and some duties are the responsibility of the investment provider(s) to the Plan.

The Administrator has the complete power, in its sole discretion, to determine all questions arising in connection with the administration, interpretation, and application of the Plan (and any related documents and underlying policies). Any such determination by the Administrator is conclusive and binding upon all persons.

The Employer, or the person or persons the Employer designates is the Plan Administrator.

Service of Legal Process

The name and address of the Plan's agent for service of legal process are:

Winning Wheels, Inc.
701 E. Third Street
Prophetstown, Illinois 61277

Service of legal process may also be made upon the Administrator.