

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 under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only  
OMB Nos. 1210 - 0110  
1210 - 0089

2008

This Form is Open to Public Inspection.

#### Part I Annual Report Identification Information


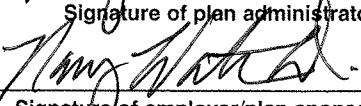
For the calendar plan year 2008 or fiscal plan year beginning 01/01/2008, and ending 12/31/2008,

- A This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
(2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
(2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here
- D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions)

#### Part II Basic Plan Information -- enter all requested information.

<b>1a</b> Name of plan BOSTON VA RESEARCH INSTITUTE, INC. 403(B) PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan (mo., day, yr.) 01/01/2008
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BOSTON VA RESEARCH INSTITUTE, INC.  C/O CPI-QPC, INC. P.O. BOX 1167  GREAT BEND KS 67530-1167	<b>2b</b> Employer Identification Number (EIN) 04-3081524
	<b>2c</b> Sponsor's telephone number 620-793-8473
	<b>2d</b> Business code (see instructions) 611710

**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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

<b>SIGN HERE</b>		6/1/09	Nancy Watterson-Diorio, CEO
	Signature of plan administrator	Date	Type or print name of individual signing as plan administrator
<b>SIGN HERE</b>		6/1/09	Nancy Watterson-Diorio, CEO
	Signature of employer/plan sponsor/DFE	Date	Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Form 5500 (2008)

