

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) ____	
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>		
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description)		

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan UNILAND GROUP 401(K) PROFIT SHARING PLAN   <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) UNILAND DEVELOPMENT COMPANY   100 CORPORATE PARKWAY AMHERST, NY 14226  SUITE 500 AMHERST, NY 14226	<b>1b</b> Three-digit plan number (PN) ►	001	
	<b>1c</b> Effective date of plan	01/01/1988	
	<b>2b</b> Employer Identification Number (EIN)	16-1314578	
	<b>2c</b> Sponsor's telephone number	716-834-5000	
	<b>2d</b> Business code (see instructions)	531390	

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/28/2010	LAURIE A. MASTERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/28/2010	LAURIE A. MASTERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") UNILAND DEVELOPMENT COMPANY  100 CORPORATE PARKWAY AMHERST, NY 14226	<b>3b</b> Administrator's EIN 16-1314578  <b>3c</b> Administrator's telephone number 716-834-5000
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<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	132
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	125
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	10
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	135
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	135
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	120
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	10

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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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 3D

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) ☐ **A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☒ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
<b>A</b> Name of plan UNILAND GROUP 401(K) PROFIT SHARING PLAN	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 UNILAND DEVELOPMENT COMPANY	<b>D</b> Employer Identification Number (EIN) 16-1314578

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
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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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BANK OF AMERICA, N.A.
94-1687665

<b>(b)</b> Enter name and EIN or address of person who provided you disclosure 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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 59 60 62 63 72	RECORDKEEPER	725	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

**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.

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(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
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(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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

Explanation:

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

Explanation:



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

**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  
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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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2009 or fiscal plan year beginning <span style="color: blue;">01/01/2009</span> and ending <span style="color: blue;">12/31/2009</span>		
<b>A</b> Name of plan <span style="color: blue;">UNILAND GROUP 401(K) PROFIT SHARING PLAN</span>	<b>B</b> Three-digit plan number (PN) ►	<span style="color: blue;">001</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">UNILAND DEVELOPMENT COMPANY</span>	<b>D</b> Employer Identification Number (EIN)  <span style="color: blue;">16-1314578</span>	

Part I Asset and Liability Statement			
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. <b>Round off amounts to the nearest dollar.</b> 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) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	25314	24057
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	13939	6858
<b>(3)</b> Other.....	<b>1b(3)</b>		0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1	0
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		0
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	159431	142477
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	870673	1008447
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	3755797	5262674
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>	0	0
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	4825155	6444513

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	4825155	6444513
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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: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	144389	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	439010	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	196	
(2) Noncash contributions .....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		583595

**b Earnings on investments:****(1) Interest:**

<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	10008	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		10008
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	96572	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		96572
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		0

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>	0	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		1070697
<b>c</b> Other income.....	<b>2c</b>		1239
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1762111

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	128703	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		128703
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		12220
<b>h</b> Interest expense.....	<b>2h</b>		0
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	1830	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		1830
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		142753

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1619358
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		225000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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)

<div>SCHEDULE R (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan UNILAND GROUP 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNILAND DEVELOPMENT COMPANY		D Employer Identification Number (EIN) 16-1314578
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): 22-3513863 94-1687665		
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)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No		
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.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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): \_\_\_\_\_

**UNILAND GROUP 401(K)  
PROFIT SHARING PLAN**

**Financial Statements as of  
December 31, 2009 and 2008  
and  
Supplemental Schedule  
Together with  
Independent Auditors' Report**

## **INDEPENDENT AUDITORS' REPORT**

To the Participants and Plan Administrator of the  
Uniland Group 401(k) Profit Sharing Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Uniland Group 401(k) Profit Sharing Plan (the Plan) as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Bank of America, N.A. (who became the successor trustee after Merrill Lynch Bank & Trust Co., FSB collapsed into Bank of America, N.A. effective November 2, 2009), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Bank of America, N.A. held the Plan's investment assets and executed investment transactions for the period from November 2, 2009 through December 31, 2009, and that Merrill Lynch Bank & Trust Co., FSB held the Plan's investment assets and executed investment transactions for the period from January 1, 2008 through November 2, 2009. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustees is complete and accurate.

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

July 15, 2010  
Williamsville, New York

6400 Sheridan Drive  
Suite 230  
Williamsville, NY 14221  
p (716) 633-8885  
f (716) 633-9469

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## UNILAND GROUP 401(K) PROFIT SHARING PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2009 AND 2008

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	<u>2009</u>	<u>2008</u>
INVESTMENTS, at fair value:		
Collective trust fund	\$ 1,008,447	\$ 870,674
Mutual funds	5,262,674	3,755,797
Participant loans	<u>142,477</u>	<u>159,431</u>
Total investments	<u>6,413,598</u>	<u>4,785,902</u>
CONTRIBUTIONS RECEIVABLE:		
Employee	6,858	13,939
Employer	<u>24,057</u>	<u>25,314</u>
Total receivables	<u>30,915</u>	<u>39,253</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	6,444,513	4,825,155
Adjustment from fair value to contract value for fully benefit responsive investment contracts	<u>73,151</u>	<u>140,564</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,517,664</u>	<u>\$ 4,965,719</u>

The accompanying notes are an integral part of these statements.

## UNILAND GROUP 401(K) PROFIT SHARING PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

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	<u>2009</u>	<u>2008</u>
ADDITIONS:		
Employee contributions	\$ 439,010	\$ 439,125
Employer contributions	144,389	145,862
Rollover contributions	196	25,305
Interest and dividend income	40,032	356,270
Realized loss on investments	(157,157)	(62,018)
Net appreciation (depreciation) in fair value of investments	<u>1,227,854</u>	<u>(1,960,840)</u>
Total additions	<u>1,694,324</u>	<u>(1,056,296)</u>
DEDUCTIONS:		
Benefit payments	140,549	36,497
Administrative expenses	<u>1,830</u>	<u>781</u>
Total deductions	<u>142,379</u>	<u>37,278</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,551,945	(1,093,574)
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>4,965,719</u>	<u>6,059,293</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 6,517,664</u>	<u>\$ 4,965,719</u>

The accompanying notes are an integral part of these statements.

# UNILAND GROUP 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

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### 1. DESCRIPTION OF PLAN

The following is a brief description of the Uniland Group 401(k) Profit Sharing Plan (the Plan) provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined contribution retirement plan as permitted under Section 401(k) of the Internal Revenue Code with a Roth feature, covering eligible employees of Uniland Development Company (the Company). The Plan is funded by employee and employer contributions. A portion of administrative expenses may be paid by the Plan. Administrative expenses not paid by the Plan are paid by the Plan Sponsor. At December 31, 2009 the assets of the Plan were maintained in investment funds held by Bank of America, N.A, who became the successor trustee after Merrill Lynch Bank & Trust Co., FSB collapsed into Bank of America, N.A. effective November 2, 2009.

#### **Eligibility**

Employees must have attained age 18 and completed 0.166 years of service, as defined, to be eligible to participate in the Plan and receive employer matching contributions. In addition to the eligibility requirements discussed above, an employee must also complete 1,000 hours of service during the Plan year and be an employee on the last day of the Plan year to receive employer profit sharing contributions.

#### **Contributions**

Participants may authorize an elective deferral contribution in an amount equal to a percentage of the contributing employee's compensation, not to exceed the maximum annual limitations as provided by the Internal Revenue Code. Employees who are age 50 or older by the end of the calendar year are allowed to make an additional "catch-up" contribution. This contribution was limited to \$5,500 in 2009 (\$5,000 in 2008). The "catch-up" contribution is also subject to the employer matching contribution. The Company's discretionary match of employee contributions is 50% of the participant's contribution, with a maximum match of 5% of the participant's compensation. The Company can also make additional discretionary profit sharing contributions each year. Profit sharing contributions of \$22,000 were made during each of the plan years ended December 31, 2009 and 2008.

#### **Investments**

Participants direct the investment of employee and employer contributions into various investment options offered by the Plan. Participants may change their investment allocation on a daily basis.

#### **Vesting**

Participants are immediately 100% vested in their elective deferral contributions. Participants are 20% vested in employer matching contributions and profit sharing contributions after two years of service, as defined, with a 20% annual increase in each of the next four years. Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their entire account balance.

## **1. DESCRIPTION OF PLAN (Continued)**

### **Forfeitures**

Employer matching and profit sharing contributions forfeited by participants are used to offset future employer contributions and Plan administrative costs. Accumulated forfeitures of \$1,105 and \$- were used during 2009 and 2008, respectively to reduce administrative expenses.

### **Participant Accounts**

Each participant's account is credited with the participant's contributions and allocation of (a) the Company's matching contribution, (b) the Company's profit sharing contributions, (c) Plan earnings and losses, and (d) administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### **Participant Loans**

Participants may borrow from their funds up to a maximum amount of the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years and may exceed five years for the purchase of a primary residence. The loans are collateralized by the vested balance in the participant's account and bear interest at a rate as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

### **Withdrawals and Distributions**

Unless a participant elects otherwise, distributions will be made as soon as practical after a participant's normal retirement date or actual retirement date occurs. The normal retirement date is the date upon which a participant reaches age 65. Participants may also receive hardship distributions under certain circumstances, as defined.

Participants may receive their accumulated vested benefits held by the Plan's trustee upon termination of employment or elect to keep his or her vested balance in excess of \$5,000 in the Plan. If the participant elects to keep his or her vested interest in the Plan, the participant's account will continue to receive its share of earnings and losses.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The Plan prepares its financial statements on the accrual basis of accounting and presents the fair value of net assets available for benefits and changes in those net assets in conformity with accounting principles generally accepted in the United States.

### **Risks and Uncertainties**

The Plan's assets include various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to the value of such investments, changes in the values of investments will occur and such changes could materially affect the amounts reported in the accompanying financial statements.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

### **Payment of Benefits**

Benefits are recorded when paid.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in contracts through a common collective trust. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment in the common collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

### Income Taxes

The Internal Revenue Service has determined and informed the company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In June 2006, the Financial Accounting Standards Board ("FASB") issued Interpretation No. 48, Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement No. 109, Accounting for Income Taxes (FIN 48 now known as Accounting Standards Codification (ASC) Section 740). This interpretation addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. For employee benefit plans, their tax-qualified status itself is deemed to be an uncertainty, since events could potentially occur to jeopardize their tax-qualified status. ASC Section 740 provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosures and transition. The Plan adopted the provisions of ASC Section 740 on January 1, 2009 and there was no impact on the Plan's financial statements. At the date of adoption and as of December 31, 2009 the Plan does not have a liability for unrecognized tax benefits. The Plan files the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction. The Plan is no longer subject to U.S. federal tax examinations for years before 2006.

## 3. INVESTMENTS

At either December 31, 2009 and 2008 or both, the following investments comprised 5% or more of the Plan's net assets available for benefits:

	<u>2009</u>	<u>2008</u>
Bank of America, N.A. Retirement Preservation Trust	\$ 1,008,447	\$ 870,673
BlackRock Basic Value Fund	\$ 971,896	\$ 672,989
BlackRock Global Allocation Fund	\$ 543,624	\$ 428,495
AIM International Growth Fund	\$ 540,425	\$ 387,343
BlackRock Balanced Capital Fund	\$ 508,072	\$ 421,579
BlackRock Governmental Income Portfolio	\$ 341,874	\$ 252,217
BlackRock S&P 500 Index Fund	\$ 324,526	\$ 282,194

### 3. INVESTMENTS (Continued)

The net appreciation (depreciation) in fair value of investments for the years ended December 31, 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
BlackRock Basic Value Fund	\$ 211,965	\$ (397,470)
BlackRock Global Allocation Fund	100,993	(123,183)
AIM International Growth Fund	150,781	(246,129)
BlackRock Balanced Capital Fund	76,244	(199,656)
BlackRock Government Income Portfolio	(11,873)	3,632
BlackRock S&P 500 Index Fund	107,100	(147,111)
Van Kampen Real Estate Sec Fund	81,602	(155,388)
BlackRock Fundamental Growth Fund	70,282	(92,416)
Davis Opportunity Fund	78,499	(79,628)
Oppenheimer Global Opportunities Fund	86,420	(94,546)
BlackRock Global SmallCap Fund	45,256	(60,265)
MFS Utilities Fund	37,230	(71,963)
AllianceBernstein LargeCap Growth Fund	39,399	(31,545)
AIM European Growth Fund	29,252	(57,565)
AllianceBernstein International Research Growth Fund	23,149	(52,587)
Oppenheimer Rising Dividends Fund	14,809	(27,564)
Virtus SmallCap Growth Fund	17,753	(42,526)
Van Kampen Capital Growth Fund	24,402	(31,213)
ING SmallCap Opportunities Fund	18,536	(21,115)
Virtus Strategic Growth Fund	(6,077)	-
Munder Growth Opportunity Fund	16,556	(15,253)
AIM Basic Balanced Fund	1,761	(3,534)
Virtus AllCap Growth Fund	<u>13,815</u>	<u>(13,815)</u>
	<u>\$ 1,227,854</u>	<u>\$ (1,960,840)</u>

#### 4. FINANCIAL CERTIFICATION

The following financial information relating to the Plan's assets at December 31, 2009 and 2008 as well as investment income and investment transactions for the years then ended, has been derived from information provided by Bank of America, N.A., (who became the successor trustee after Merrill Lynch Bank & Trust Co., FSB collapsed into Bank of America, N.A. effective November 2, 2009), and Merrill Lynch Bank & Trust Co., FSB, the current and former trustee of the Plan, respectively, and has been certified by them as complete and accurate.

<b>Bank of America, N.A.</b>	<u><b>2009</b></u>	<u><b>2008</b></u>
Investments at fair value:		
Bank of America, N.A. Retirement Preservation Trust	\$ 1,008,447	\$ 870,673
BlackRock Basic Value Fund	971,896	672,989
BlackRock Global Allocation Fund	543,624	428,495
AIM International Growth Fund	540,425	387,343
BlackRock Balanced Capital Fund	508,072	421,579
BlackRock Government Income Portfolio	341,874	252,217
BlackRock S&P 500 Index Fund	324,526	282,194
Van Kampen Real Estate Sec Fund	293,881	236,574
BlackRock Fundamental Growth Fund	271,773	174,160
Davis Opportunity Fund	263,782	148,414
Oppenheimer Global Opportunities Fund	206,195	111,551
BlackRock Global SmallCap Fund	178,796	99,170
MFS Utilities Fund	171,773	117,449
AllianceBernstein LargeCap Growth Fund	134,975	73,592
AIM European Growth Fund	111,493	66,888
AllianceBernstein International Research Growth Fund	91,053	56,611
Oppenheimer Rising Dividends Fund A	76,452	62,164
Virtus SmallCap Growth Fund	64,590	44,550
Van Kampen Capital Growth Fund	63,305	33,760
ING SmallCap Opportunities Fund	46,460	42,850
Virtus Strategic Growth Fund	29,026	-
Munder Growth Opportunity Fund	21,449	19,903
AIM Basic Balanced Fund	7,254	5,335
Virtus AllCap Growth Fund	-	18,010
Participant Loans	<u>142,477</u>	<u>159,431</u>
	<u><u>\$ 6,413,598</u></u>	<u><u>\$ 4,785,902</u></u>
Investment income (loss) for the year:		
Net appreciation (depreciation) in fair value of Investments	\$ 1,227,854	\$ (1,960,840)
Interest and dividend income	106,580	221,865
Realized loss on investments	<u>(157,157)</u>	<u>(62,018)</u>
	<u><u>\$ 1,177,277</u></u>	<u><u>\$ (1,800,993)</u></u>

## 5. FAIR VALUE MEASUREMENTS

The Plan uses various valuation techniques in determining fair value. ASC Section 820 established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

*Mutual funds:* Valued based on quoted market prices in active markets.

*Participant loans:* Valued at amortized cost, which approximates fair value.

*Collective Trust Fund:* The collective trust consists primarily of synthetic guaranteed investment contracts (GIC's). Synthetic GIC's are a combination of a portfolio of individual assets and a wrapper contract issued by a financially responsible third-party (typically a financial institution). Fair values of individual assets of synthetic GICs are valued on a monthly basis per the terms of the applicable contract using valuations furnished by a pricing service approved by the Trustee. Securities for which market quotations are not readily available, or have quotations which management believes are not reliable, are valued at fair value as determined in good faith by the Trustee. Wrap contracts are non-transferable and have no trading market. The fair value of the wrap contracts is determined using the market approach discounting methodology which incorporates the difference between current market level rates for contract level wrap fees and the wrap fee being charged. The difference is calculated as a dollar value and discounted by the prevailing interpolated swap rate as of year end. Certain wrapper contracts of the collective trust fund include embedded interest rate swaps and total return swaps. Swap agreements are valued utilizing quotes received daily by the Trust's pricing service or through brokers, which are derived using daily swap curves and trades of underlying securities.

## 5. FAIR VALUE MEASUREMENTS (Continued)

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

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

<b>Assets at Fair Value as of December 31, 2009</b>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Collective trust fund	\$ -	\$ 1,008,447	\$ -	\$ 1,008,447
Mutual funds:				
U.S. equity	2,919,938	-	-	2,919,938
Mixed asset	1,051,696	-	-	1,051,696
International equity	949,166	-	-	949,166
Fixed income	341,874	-	-	341,874
Participant loans	-	-	142,477	142,477
	<u>\$ 5,262,674</u>	<u>\$ 1,008,447</u>	<u>\$ 142,477</u>	<u>\$ 6,413,598</u>

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

<b>Assets at Fair Value as of December 31, 2008</b>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Collective trust fund	\$ -	\$ 870,674	\$ -	\$ 870,674
Mutual funds:				
U.S. equity	2,031,113	-	-	2,031,113
Mixed asset	850,074	-	-	850,074
International equity	622,393	-	-	622,393
Fixed income	252,217	-	-	252,217
Participant loans	-	-	159,431	159,431
	<u>\$ 3,755,797</u>	<u>\$ 870,674</u>	<u>\$ 159,431</u>	<u>\$ 4,785,902</u>

## 5. FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009 and 2008.

	Participant <u>Loans</u>
Balance - January 1, 2008	\$ 182,990
Net appreciation in fair value of investments	-
Interest and dividend income	10,008
Purchases, sales, issuances and settlements (net)	<u>(33,567)</u>
Balance - December 31, 2008	159,431
Net appreciation in fair value of investments	-
Interest and dividend income	14,424
Purchases, sales, issuances and settlements (net)	<u>(31,378)</u>
Balance - December 31, 2009	<u>\$ 142,477</u>

## 6. PARTY-IN-INTEREST TRANSACTIONS

In 2009 and 2008, certain Plan investments were managed by Bank of America, N.A. (who became the successor trustee after Merrill Lynch Bank & Trust Co., FSB collapsed into Bank of America, N.A. effective November 2, 2009) and Merrill Lynch Bank & Trust Co., FSB, respectively. Bank of America, N.A. and Merrill Lynch Bank & Trust Co., FSB are the trustees of the Plan for the years ended December 31, 2009 and 2008, respectively, and, therefore these transactions qualify as party-in-interest.

Investment income earned on assets invested with Bank of America, N.A. and Merrill Lynch Bank & Trust Co., FSB amounted to \$(14,860) and \$136,100 for the years ended December 31, 2009 and 2008, respectively.

Participant loans of \$142,477 and \$159,431 as of December 31, 2009 and 2008, respectively, with interest rates ranging from 3.25% to 9% also qualify as party-in-interest.

## 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 6,517,664	\$ 4,965,719
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(73,151)</u>	<u>(140,564)</u>
Net assets available for benefits per Form 5500	<u>\$ 6,444,513</u>	<u>\$ 4,825,155</u>

**7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)**

The following is a reconciliation of the statement of changes in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Change in net assets available for benefits per the financial statements	\$ 1,551,945	\$ (1,093,574)
Change in adjustment from contract value to fair value for fully benefit responsive investment contracts	<u>67,413</u>	<u>(133,663)</u>
Change in net assets available for benefits per Form 5500	<u>\$ 1,619,358</u>	<u>\$ (1,227,237)</u>

**8. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through July 15, 2010, which is the date the financial statements were available to be issued.

**UNILAND GROUP 401(K) PROFIT SHARING PLAN****FEIN 16-1314578 / PN 001****SCHEDULE H, LINE 4i****SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2009**

<u>Number of Shares or Units</u>	<u>Identity of Issue</u>	<u>Fair Value</u>
<u>COLLECTIVE TRUST FUND</u>		
1,008,447	* Bank of America, N.A. Retirement Preservation Trust (1)	\$ 1,008,447
<u>MUTUAL FUNDS</u>		
42,220	* BlackRock Basic Value Fund	971,896
30,387	* BlackRock Global Allocation Fund	543,624
21,827	AIM International Growth Fund	540,425
25,882	* BlackRock Balanced Capital Fund	508,072
33,127	* BlackRock Government Income Portfolio	341,874
23,809	* BlackRock S&P 500 Index Fund	324,526
20,740	Van Kampen Real Estate Sec Fund	293,881
14,103	* BlackRock Fundamental Growth Fund	271,773
13,137	Davis Opportunity Fund	263,782
7,737	Oppenheimer Global Opportunities Fund	206,195
9,178	* BlackRock Global SmallCap Fund	178,796
11,498	MFS Utilities Fund	171,773
5,962	AllianceBernstein LargeCap Growth Fund	134,975
4,031	AIM European Growth Fund	111,493
6,467	AllianceBernstein International Research Growth Fund	91,053
5,484	Oppenheimer Rising Dividends Fund	76,452
2,602	Virtus SmallCap Growth Fund	64,590
5,637	Van Kampen Capital Growth Fund	63,305
1,614	ING SmallCap Opportunities Fund	46,460
3,561	Virtus Strategic Growth Fund	29,026
918	Munder Growth Opportunity Fund	21,449
7,001	AIM Basic Balanced Fund	7,254
		<u>5,262,674</u>
	* Participant Loans, with interest rates ranging from 3.25% - 9%	<u>142,477</u>
		<u>\$ 6,413,598</u>

\* The above named is a party-in-interest

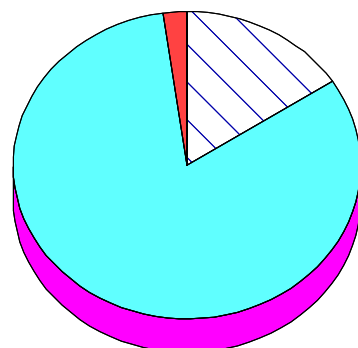
(1) The audited annual report for the Bank of America, N.A. Retirement Preservation Trust has been filed with the Department of Labor by Bank of America, N.A. The entity's tax identification number is 22-6484011. This schedule was prepared solely from information which has been certified as complete and accurate by Bank of America, N.A.

The accompanying notes are an integral part of these schedules.

STATEMENT OF ASSETS  
FOR THE PERIOD 01/01/2009 - 12/31/2009

UNILAND GROUP  
401(K) PROFIT SHARING PLAN  
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



15.72% COMMON / COLLECTIVE TRUSTS

2.22% LOANS

82.05% MUTUAL FUNDS

0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML RET PRESERVATION TRUST	887,108.9800	1.000	887,108.98	887,108.98	13.83%
ML RET PRES TRUST GM	121,337.9900	1.000	121,337.99	121,337.99	1.89%
TOTAL COMMON / COLLECTIVE TRUSTS			1,008,446.97	1,008,446.97	15.72%
<u>MUTUAL FUNDS</u>					
AIM BASIC BALANCED FUND CL A	700.8647	10.350	9,027.08	7,253.95	0.11%
BLACKROCK FUNDMNTL GRW A	14,103.4289	19.270	293,907.12	271,773.07	4.24%
ALLIANCEBERNSTEIN INT GRWTH A	6,466.8569	14.080	120,491.41	91,053.35	1.42%
BLACKROCK GLBL SM CAP A	5,409.3332	19.480	119,444.74	105,373.81	1.64%
BLACKROCK GLBL SM CAP A GM	3,769.0822	19.480	74,360.55	73,421.72	1.14%
VAN KAMPEN REAL ESTATE SECS FD	20,739.6624	14.170	367,666.18	293,881.02	4.58%

Balances include the effect of pending trades



STATEMENT OF ASSETS  
FOR THE PERIOD 01/01/2009 - 12/31/2009

UNILAND GROUP  
401(K) PROFIT SHARING PLAN  
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
BLACKROCK BASIC VALUE A	36,871.8096	23.020	1,032,536.41	848,789.06	13.23%
BLACKROCK BASIC VALUE A GM	5,347.8130	23.020	124,862.54	123,106.66	1.92%
BLACKROCK BAL CAPITAL A	25,882.4423	19.630	631,484.32	508,072.34	7.92%
BLACKROCK GLOBAL ALLOC A	22,806.7118	17.890	433,086.69	408,012.07	6.36%
BLACKROCK GLOBAL ALLOC A GM	7,580.3326	17.890	132,727.96	135,612.15	2.11%
DAVIS OPPORTUNITY CL A	7,366.6113	20.080	153,224.32	147,921.55	2.31%
DAVIS OPPORTUNITY CL A GM	5,769.9035	20.080	111,686.70	115,859.66	1.81%
ING SMALLCAP OPPTY FD CL A	1,614.3016	28.780	49,037.47	46,459.60	0.72%
VIRTUS STRATEGIC GROWTH FD A	3,561.4530	8.150	35,103.25	29,025.84	0.45%
BLACKROCK GOV INC A	21,588.8830	10.320	229,160.76	222,797.27	3.47%
BLACKROCK GOV INC A GM	11,538.4903	10.320	120,954.45	119,077.22	1.86%
VIRTUS SMALL-CAP GRWTH FD-A	2,602.3267	24.820	89,363.17	64,589.75	1.01%
BLACKROCK S&P500 INDEX I	15,348.4863	13.630	246,094.06	209,199.87	3.26%
BLACKROCK S&P500 INDEX I GM	8,461.1819	13.630	118,443.01	115,325.91	1.80%
AIM EUROPEAN GROWTH FUND A	2,804.2661	27.660	103,553.73	77,566.00	1.21%
AIM EUROPEAN GROWTH A-GM	1,226.5737	27.660	36,251.34	33,927.03	0.53%
MUNDER GROWTH OPPORT FD CL A	918.2080	23.360	20,147.29	21,449.34	0.33%
AIM INTERNATIONAL GROWTH FD A	20,248.0313	24.760	595,949.12	501,341.25	7.82%
AIM INTL GRW FD A GM	1,578.5358	24.760	39,824.64	39,084.55	0.61%
VAN KAMPEN CAPITAL GRWTH CL A	5,637.0878	11.230	70,115.76	63,304.50	0.99%
OPPENHEIMER RISING DIVIDENDS	5,484.3918	13.940	89,206.86	76,452.42	1.19%

Balances include the effect of pending trades

STATEMENT OF ASSETS  
FOR THE PERIOD 01/01/2009 - 12/31/2009

UNILAND GROUP  
401(K) PROFIT SHARING PLAN  
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ALLBRNSTN LARGE CAP GROWTH A	5,961.7864	22.640	127,120.92	134,974.84	2.10%
OPPENHEIMER GLOBAL OPPOR A	7,737.1519	26.650	214,321.00	206,195.10	3.21%
MFS UTILITIES FUND CL A	11,497.5466	14.940	206,506.91	171,773.35	2.68%
TOTAL MUTUAL FUNDS			5,995,659.76	5,262,674.25	82.05%
<u>LOANS</u>					
LOAN FUND	142,476.5700	1.000	142,476.57	142,476.57	2.22%
INVESTMENT TOTAL			7,146,583.30	6,413,597.79	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			1.01	1.01	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			7,146,584.31	6,413,598.80	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades

