

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ 001
CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN	1c Effective date of plan 10/01/1997
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) 59-0908399
CONRAD YELVINGTON DISTRIBUTORS, INC	2c Sponsor's telephone number 386-257-5504
2326 BELLEVUE AVENUE DAYTONA BEACH, FL 32114	2d Business code (see instructions) 488510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	MARK KLEBE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	MARK KLEBE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CONRAD YELVINGTON DISTRIBUTORS, INC 2326 BELLEVUE AVENUE DAYTONA BEACH, FL 32114	3b Administrator's EIN 59-0908399 3c Administrator's telephone number 386-257-5504
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	285
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	222
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	66
d Subtotal. Add lines 6a , 6b , and 6c	6d	288
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	289
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	210
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D 3H 2T

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONRAD YELVINGTON DISTRIBUTORS, INC	D Employer Identification Number (EIN) 59-0908399

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ING INSTITUTIONAL PLAN SERVICES LLC
02-0488491

(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)

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 63 60	RECORDKEEPER	2800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	10952	Yes ☐ No ☒

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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
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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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONRAD YELVINGTON DISTRIBUTORS, INC	D Employer Identification Number (EIN) 59-0908399	

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. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	601017	855466
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	242817	217493
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2408294	3316133
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3252128	4389092

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3252128	4389092
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	174666	
(B) Participants	2a(1)(B)	462627	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		637293
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	15720	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15720
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	49085	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		49085
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		683386
c Other income.....	2c		-3722
d Total income. Add all income amounts in column (b) and enter total.....	2d		1381762

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	237658	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		237658
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		4340
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2800	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2800
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		244798

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1136964
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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: JAMES MOORE & CO., P.L.

(2) EIN: 59-3204548

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONRAD YELVINGTON DISTRIBUTORS, INC</u>	D Employer Identification Number (EIN) <u>59-0908399</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**CONRAD YELVINGTON
DISTRIBUTORS SAVINGS PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2009 AND 2008**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Conrad Yelvington Distributors Savings Plan:

We were engaged to audit the financial statements of Conrad Yelvington Distributors Savings Plan (the Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. 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 investment information summarized in Note 3, which was certified by ING Institutional Plan Service, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 9 to the financial statements, the management of Conrad Yelvington Distributors, Inc., the Plan's sponsor, decided on September 24, 2009, to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments are stated, from the ongoing plan basis to the liquidation basis for periods after September 25, 2009. The Plan year ended December 31, 2008 and the period from January 1, 2009 to September 24, 2009 was accounted for on the ongoing (or accrual) plan basis. The period from September 25, 2009 to December 31, 2009 was accounted for on the liquidation basis. No significant changes were required to adjust the financial statements from the ongoing plan basis to the liquidation basis.

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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

James Moore & Co.

Daytona Beach, Florida
July 14, 2010

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
STATEMENT OF NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND STATEMENT OF NET ASSETS
AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2008

	Liquidation Basis 2009	Accrual Basis 2008
Assets		
Investments at fair value		
Money market account	\$ 855,466	\$ 601,017
Mutual funds	3,316,133	2,408,294
Participant loans	217,493	242,817
	<u>4,389,092</u>	<u>3,252,128</u>
Net Assets Available For Benefits	<u><u>\$ 4,389,092</u></u>	<u><u>\$ 3,252,128</u></u>

The accompanying notes to financial statements
are an integral part of these statements.

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

Additions to net assets attributed to

Investment income:

Interest and dividend income	\$ 49,597
Interest income on participant loans	15,720
Net appreciation in fair value of investments	682,874
Total investment income	<u>748,191</u>

Contributions:

Participants	462,627
Employer	170,944
Total contributions	<u>633,571</u>

Deductions from net assets attributed to

Benefits paid to participants	241,998
Participant fees	2,800
Total deductions	<u>244,798</u>

Net increase in net assets

1,136,964

Net assets available for benefits, beginning of year

3,252,128

Net assets in liquidation available for benefits, end of year

\$ 4,389,092

The accompanying notes to financial statements
are an integral part of this statement.

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(1) **Description of Plan:**

The following description of the Conrad Yelvington Distributors Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

(a) **General**—The Plan is a defined contribution plan covering substantially all employees of Conrad Yelvington Distributors, Inc. (the Company) who have completed a minimum of six months of service and are at least 18 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established on August 11, 1997, effective for the year beginning October 1, 1997. As more fully described in Note 9, the Company has elected to terminate the Plan.

(b) **Contributions**—Each year, participants may contribute up to a certain statutory maximum of their pretax annual compensation, which is set by law each year as defined in the plan agreement. The Company may make a discretionary match and/or discretionary profit sharing allocation annually to the Plan.

For the year ended December 31, 2009, the Company's discretionary match was 50 percent of participant contributions, up to 3 percent of annual compensation. The Company did not make any discretionary profit sharing contributions for the year ended December 31, 2009. Effective April 1, 2002, the Plan was amended and restated, and employees are required to complete at least 500 hours of service prior to being eligible to receive the Company's discretionary matching and/or discretionary profit sharing contribution.

(c) **Participant accounts**—Each participant's account is credited with the participant's contribution and his or her share of the Company's matching and/or profit sharing contributions. Allocations of plan earnings or losses are based on each participant's fund balance in proportion to the total investment fund balance for the year.

(d) **Administrative expenses and participant fees**—The Company directly pays substantially all administrative expenses of maintaining the Plan. Participant fees reported in the plan financial statements are paid by participants through an allocation to participant accounts.

(e) **Vesting**—Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Company's discretionary matching and discretionary profit sharing contribution portion of their accounts, plus actual earnings or losses thereon, is based on years of continuous service as follows:

Years of Service	Percentage
Less than 2 years	0%
At least 2 years, but less than 3	20%
At least 3 years, but less than 4	40%
At least 4 years, but less than 5	60%
At least 5 years, but less than 6	80%
6 years or more	100%

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(1) **Description of Plan:** (Continued)

(f) **Payment of benefits**—Benefits under the Plan are payable upon retirement, death, disability, hardship, or termination of service, and are based on the vested balance in the participant's account. Distributions of vested account balances are made in the form of a single lump-sum payment or in installments over a period of time, as defined by the Plan.

(g) **Forfeited accounts**—Forfeitures of the Company's matching and/or profit sharing contributions are used to reduce future Company discretionary matching contributions. At December 31, 2009 and 2008 there were no forfeited non-vested accounts. Also, during the year ended December 31, 2009, employer contributions were reduced by approximately \$3,722 from forfeited nonvested accounts.

(h) **Participant loans**—Participants may borrow from their accounts up to an amount equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are collateralized by a security interest in the participants' vested account balance and are repayable through bi-weekly payroll deductions.

(i) **Plan termination**—The Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts. See Note 9 for more information on the termination of the plan effective September 24, 2009.

(j) **Plan administration**—The Company serves as Plan Administrator. ING Institutional Plan Service, LLC is the plan trustee and serves as plan recordkeeper and third party administrator.

(k) **Subsequent Events**—The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through July 14, 2010. No subsequent events have been recognized in the accompanying financial statements. See Note 9 for disclosure of subsequent information relating to the termination of the Plan.

(2) **Summary of Significant Accounting Policies:**

(a) **Basis of presentation**—The accompanying statements include a change in basis of accounting effective on September 24, 2009, the date of Plan termination as more fully described in Note 9. The statements of net assets in liquidation available for benefits and changes in net assets in liquidation available for benefits for the period from September 25, 2009 have been prepared on the liquidation basis. The statements of net assets available for benefits and changes in net assets available for benefit for the period from January 1, 2009 to September 24, 2009 and for the year ended December 31, 2008 have been prepared on the ongoing (or accrual) plan basis. No significant changes were required to adjust the financial statements from the ongoing plan basis to the liquidation basis.

(b) **Use of estimates**—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(2) **Summary of Significant Accounting Policies:** (Continued)

(c) **Investment valuation and income recognition**—The Plan's investments are stated at fair value in the accompanying statement of net assets available for benefit. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) **Payments of benefits**—Benefits are recorded when paid.

(3) **Summary of Information Certified by Plan Trustee:**

ING Institutional Plan Service, LLC (the trustee) held the Plan's investment assets and executed transactions for the years ended December 31, 2009 and 2008. The Plan administrator has instructed the independent certified public accounts not to examine the information certified as complete and accurate by the trustee. The trustee's certification applies to substantially all Plan assets and transactions for the dates presented.

(4) **Fair Value Measurements:**

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

The inputs used for valuing the Plan's investments are summarized in the three broad levels listed below:

- Level 1 – The fair value of mutual funds are based on quoted market prices as reported by the Trustee (see Note 3).
- Level 2 – The fair value of the money market account is based on other significant observable inputs either directly or indirectly (including quoted prices for similar securities, interest rates, yield curves, credit risk, etc.)
- Level 3 – Participant loans are valued at their outstanding balances, which approximate fair value.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used when Level 1 inputs were not available, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(4) **Fair Value Measurements:** (Continued)

The following is a summary of the valuation as of December 31, 2009 for the Plan's investments based upon the three levels defined above:

As of December 31, 2009:

Description	Quoted Prices (Level 1)	Significant other observable inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Short-term investments	\$ -	\$ 855,466	\$ -	\$ 855,466
Mutual funds:				
Bond funds	504,346	-	-	504,346
Balanced funds	320,245	-	-	320,245
Stock funds	2,187,533	-	-	2,187,533
International stock funds	304,009	-	-	304,009
Total mutual funds	3,316,133	-	-	3,316,133
Participant loans	-	-	217,493	217,493
Total	\$ 3,316,133	\$ 855,466	\$ 217,493	\$ 4,389,092

As of December 31, 2008:

Description	Quoted Prices (Level 1)	Significant other observable inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Short-term investments	\$ -	\$ 601,017	\$ -	\$ 601,017
Mutual funds:				
Bond funds	465,499	-	-	465,499
Balanced funds	316,785	-	-	316,785
Stock funds	1,237,020	-	-	1,237,020
International stock funds	388,990	-	-	388,990
Total mutual funds	2,408,294	-	-	2,408,294
Participant loans	-	-	242,817	242,817
Total	\$ 2,408,294	\$ 601,017	\$ 242,817	\$ 3,252,128

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(4) **Fair Value Measurements:** (Continued)

The following is a summary of activity of assets measured at fair value on a basis using significant unobservable inputs (Level 3):

As of December 31, 2009:

<u>Description</u>	<u>Participant Loans</u>
Beginning balance	\$ 242,817
Purchases, issuances, and settlements (net)	(25,324)
Ending balance	<u>\$ 217,493</u>

As of December 31, 2008:

<u>Description</u>	<u>Participant Loans</u>
Beginning balance	\$ 246,497
Purchases, issuances, and settlements (net)	(3,680)
Ending balance	<u>\$ 242,817</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2008 and changes in net assets in liquidation available for benefits for the year ended December 31, 2009 are reported in net appreciation in fair value of investments.

(5) **Risks and Uncertainties:**

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(6) **Tax Status:**

On July 27, 2005, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC). The Plan has not received a determination letter specific to the Plan itself; however, the Plan Administrator believes that the Plan is designed and was being operated in compliance with the applicable requirements of the IRC. The Plan was originally effective on October 1, 1997 and amended and restated on July 1, 2007. Although the Plan has been amended since the prototype received its 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 and has no income subject to unrelated business income tax.

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(7) Investments:

The following investments represent 5% or more of the Plan's net assets:

	December 31, 2009
Fidelity Advisors Mid Cap T	\$ 274,585
Legg Mason Partners Aggressive Growth A	292,340
Legg Mason Partners Corporate Bond A	229,485
Legg Mason Partners S & P 500 Index A	382,626
Oppenheimer Quest Balanced A	282,660
Oppenheimer Global A	304,009
Western Asset Money Market Fund	855,466

	December 31, 2008
Legg Mason Partners Sh-Term Bd A	\$ 181,473
Legg Mason Partners Aggressive Growth A	234,754
Legg Mason Partners Appreciation A	165,383
Legg Mason Partners Corporate Bond A	192,473
Oppenheimer Quest Balanced A	316,785
Oppenheimer Global A	232,622
Western Asset Money Market Fund	601,017

(8) Parties-in-Interest Transactions:

A Party in Interest is defined as (a) a fiduciary or his relative, (b) a person who provides services to the plan, (c) an employer whose employees are covered by the plan, (d) an employee organization whose members are covered by the plan, (e) a direct or indirect owner of 50% or more of a corporation's stock, a partnership's capital interest, or a trust or unincorporated enterprise that is an employer or employee organization, (f) a corporation, partnership, trust, or estate of or in which 50% or more of the voting power, capital interest, or beneficial interest is directly or indirectly owned by the persons in items a-e, (g) an employee, officer, director, person with authority similar to an officer's or director's, or a 10% or more direct or indirect shareholder, or any person in items b-f, (h) a 10% or more direct or indirect partner or joint venture of a person in items b-f. ING Institutional Plan Service, LLC provided administrative services to the Plan and was the trustee and, therefore, qualifies as a party-in-interest to the Plan. No plan investments were managed by ING Institutional Plan Service, LLC for the years ended December 31, 2009 and 2008.

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(9) Plan Termination:

Effective September 24, 2009, the Company elected to terminate the Plan. All balances will be liquidated and transferred to a 401(k) plan sponsored by the Company's parent company. Participant balances will be subject to the policies of the parent company 401(k) plan including the vesting of employer contributions. Participant contributions to the Plan will cease December 31, 2009. Effective January 1, 2010, participants are eligible to contribute to the parent company 401(k) plan subject to the provisions as defined in the plan document. Until the Plan is completely liquidated, loan repayments will continue to be made according to loan repayment schedules. Management currently expects liquidation to occur prior to October 31, 2010.

In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments are stated, from the ongoing plan basis to the liquidation basis for periods after September 24, 2009 (the termination date). Accordingly, the Plan year ended December 31, 2008 and the period from January 1, 2009 to September 24, 2009 was accounted for on the ongoing (or accrual) plan basis. The period from September 25, 2009 to December 31, 2009 was accounted for on the liquidation basis. No significant changes were required to adjust the financial statements from the ongoing plan basis to the liquidation basis.

SUPPLEMENTAL SCHEDULE

CONRAD YELVINGTON DISTRIBUTORS SAVINGS PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN) 59-0908399 PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END) AS OF DECEMBER 31, 2009

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
Identity of Issue, Borrower, Lessor or Similar Party				
Allianz NFJ Large Cap Value A		Mutual Fund	-	\$ 199,435
Fidelity Advisors Large Cap T		Mutual Fund	-	110,472
Fidelity Advisors Mid Cap T		Mutual Fund	-	274,585
Legg Mason Batterymarch US Sm Cap Eq A		Mutual Fund	-	76,824
Legg Mason Partners Lifestyle Allocation 85% A		Mutual Fund	-	27,624
Legg Mason Partners Sh-Term Bd A		Mutual Fund	-	158,070
Legg Mason Partners Aggressive Growth A		Mutual Fund	-	292,340
Legg Mason Partners Appreciation A		Mutual Fund	-	168,205
Legg Mason Partners Capital & Income A		Mutual Fund	-	37,675
Legg Mason Partners Corporate Bond A		Mutual Fund	-	229,485
Legg Mason Partners Govt Securities A		Mutual Fund	-	116,841
Legg Mason Partners Large Cap Growth A		Mutual Fund	-	148,118
Legg Mason Partners S&P 500 Index A		Mutual Fund	-	382,625
Legg Mason Partners Investors Value A		Mutual Fund	-	44,045
Lord Abbett Affiliated P		Mutual Fund	-	64,568
Oppenheimer Quest Balanced A		Mutual Fund	-	282,660
Oppenheimer Global A		Mutual Fund	-	304,008
Oppenheimer Main Street A		Mutual Fund	-	219,102
Van Kampen Comstock A		Mutual Fund	-	179,451
Western Asset Money Market Fund		Money Market	-	855,466
				4,171,599
Less: Money market account				(855,466)
Total Mutual Fund Investments				<u>\$ 3,316,133</u>
Participant Loans, interest ranging from 4.25 - 9.25% with maturity dates ranging from December 2009 - November 2035			<u>\$ -0-</u>	<u>\$ 217,493</u>

* Column (a) is applicable if the party involved is a party-in-interest

** Cost information is not required as investments are participant directed under an individual account plan

See accompanying notes to financial statements

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
Allianz NFJ Large Cap Val	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	165,745.64	199,435.13
Fidelity Adv Large Cap T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	104,355.68	110,471.64
Fidelity Adv Mid Cap Fund	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	308,970.58	274,585.18
Legg Battery S&P 500 Ind	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	317,897.99	382,625.59
Legg BatteryUS SCp Eq Pr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	61,181.50	76,823.56
Legg CBrdge Agg Grw	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	283,464.56	292,339.87
Legg CBrdge Appreciation	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	181,053.71	168,205.24
Legg CBrdge Cap and Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	45,514.66	37,675.09
Legg CBrdge Lcp Value	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	47,179.61	44,044.53
Legg CBrdge Lrge Cap Grw	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	132,258.97	148,117.83
Legg Lifestyle Alloc 85%	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	30,009.81	27,623.93
Legg West Asst Crp Bond	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	242,060.05	229,484.61
Legg West Asst Govt Secur	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	115,413.51	116,841.45
Legg WstAsst ShrtTrm Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	172,723.75	158,070.45
Loan Fund	LOANS TO PARTICIPANTS: OTHER	217,022.96	217,022.96
Lord Abbett Affil (P)	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	76,217.82	64,567.77
Oppen Quest Balanced-A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	301,950.82	282,659.70
Oppenheimer Global	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	304,599.01	304,009.24
Oppenheimer Main Street	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	244,937.52	219,101.61
Van Kampen Comstock	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	196,972.33	179,450.81
Western Asst Money Market	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	855,465.58	855,465.58