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

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 multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GEMMY INDUSTRIES CORP. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
GEMMY INDUSTRIES CORPORATION

117 WRANGLER DRIVE
COPPELL, TX 75019

117 WRANGLER DRIVE
COPPELL, TX 75019

2b Employer Identification Number (EIN)
75-2001355

2c Sponsor's telephone number
972-538-4200

2d Business code (see instructions)
423920

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	DALE CHEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	KIMBERLY SCOTT
	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")
GEMMY INDUSTRIES CORPORATION

117 WRANGLER DRIVE
COPPELL, TX 75019

3b Administrator's EIN
75-2001355

3c Administrator's telephone number
972-538-4200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	120
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	79
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	103
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	103
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	72
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		___	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
GEMMY INDUSTRIES CORP. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GEMMY INDUSTRIES CORPORATION

D Employer Identification Number (EIN)
75-2001355

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).. . . . . [X] 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

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04-2647786

(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)

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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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

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
GEMMY INDUSTRIES CORP. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GEMMY INDUSTRIES CORPORATION

D Employer Identification Number (EIN)
75-2001355

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)	167000	194417
(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)	50656	7894
(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)	2166026	3133306
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	2383682	3335617
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2383682	3335617

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)	11050	
	(B) Participants	2a(1)(B)	310900	
	(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)		321950
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1253	
	(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)	2452	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3705
	(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)	38212	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		38212
	(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)		

		(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)		
(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)		791025
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1154892
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	196890	
(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)		196890
f Corrective distributions (see instructions)	2f		5996
g Certain deemed distributions of participant loans (see instructions)	2g		
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)		
(4) Other	2i(4)	71	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		71
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		202957
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		951935
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: C.F. & CO., L.L.P. **(2)** EIN: 20-0162782

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		350000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
GEMMY INDUSTRIES CORP. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GEMMY INDUSTRIES CORPORATION

D Employer Identification Number (EIN)
75-2001355

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): 04-6568107

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 of 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**

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):

---

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):

GEMMY INDUSTRIES CORPORATION 401(k) PLAN

Audited Financial Statements

December 31, 2009 and 2008

GEMMY INDUSTRIES CORPORATION 401(k) PLAN

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CF & Co., L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
& CONSULTANTS

Independent Auditor's Report

To the Trustee and Plan Sponsor of the
Gemmy Industries Corporation 401(k) Plan

We were engaged to audit the financial statements and supplemental schedule of Gemmy Industries Corporation 401(k) Plan (the "Plan") as of December 31, 2009 and 2008 for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and 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 Notes 3 and 4, which was certified or provided by Fidelity Management Trust Company, 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 the trustee of the Plan holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee of the Plan as of and for the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2009, and 2008.

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 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 or provided by the custodians of the Plan, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

CF & Co., L.L.P.

Dallas, Texas
July 26, 2010

GEMMY INDUSTRIES CORPORATION 401(k) PLAN
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets:		
Investments in mutual funds at fair value		
Funds held by Fidelity Management Trust Company	$ 3,327,723	$ 2,333,026
Participant loans	7,894	50,656
Total investments	3,335,617	2,383,682
Contributions receivable:		
Employee	29,416	32,149
Employer	--	5,433
Total contributions receivable	29,416	37,582
Total Assets	3,365,033	2,421,264
Liabilities		
Excess contributions payable	6,813	9,315
Net assets availible for benefits	$ 3,358,220	$ 2,411,949

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

GEMMY INDUSTRIES CORPORATION 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

Additions to Net Assets Attributable to:	
Investment Income	
Interest and dividends	$ 45,236
Net appreciation in fair value of investments	791,024
Total earnings on investments	836,260
Contributions:	
Employee	301,354
Employer	5,617
Total contributions	306,971
Total additions	1,143,231
Deductions from net assets attributed to:	
Benefits paid to participants	196,889
Administrative expenses	71
Total deductions	196,960
Net increase in net assets available for benefits	946,271
Net assets available for benefits:	
Beginning of year	2,411,949
End of year	$ 3,358,220

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

Note 1 - Description of Plan

The following description of the Gemmy Industries Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) deferral plan covering all employees of Gemmy Industries Corporation (the "Company") who have attained age twenty-one. The Plan was established November 1, 1996 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective January 1, 2010 the Plan was amended to establish a six month eligibility service requirement.

Contributions

Each year, participants may elect to make tax-deferred and Roth 401(k) contributions of eligible compensation. Participants may also make special elections for additional tax-deferred contributions of any employer paid bonuses and of eligible compensation paid during the last month of the Plan year. Total annual participant contributions are limited to the lesser of 30% of the employee's eligible compensation or the maximum amount allowed by the Internal Revenue Code ("IRC").

Participants who make tax-deferred contributions and are projected to be age 50 or older by the end of any calendar year may also make catch-up contributions subject to limitations defined by the IRC. Participants may also rollover amounts representing distributions from other qualified plans.

Historically the Company had made non-discretionary matching contributions equal to 25% of each employee's pre-tax contributions up to 6% of the employee's eligible compensation. Employer matching contributions were discontinued effective February 16, 2009. Also, the Company may elect to make annual discretionary profit sharing contributions in an amount to be determined by the Board of Directors. No such contributions were made during the year ended December 31, 2009.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of 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.

Note 1 - Description of Plan, continued

Vesting

Employee contributions and earnings thereon are 100% vested. Employer matching and profit sharing contributions have the following vesting schedule:

Years of Service	Vested Interest
Less than 1	0%
1	33%
2	67%
3	100%

Participant accounts become 100% vested if the employee reaches normal retirement age, becomes disabled, or dies.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The balance in the participant's account secures the loans. Participant loans bear interest at rates deemed reasonable by the Plan administrator and range from one to five years, or longer for the purchase of a primary residence. Loan payments are made in level amounts through payroll deductions.

Payment of Benefits

Upon termination of service, death, disability, or retirement, a participant (or beneficiary) may elect to receive a lump-sum distribution or installment payments. Participants may elect in-service withdrawals of employee pretax contributions and rollover accounts. In-service withdrawals include hardship withdrawals and other withdrawals after age 59 ½.

Plan Administration

Certain administrative functions are performed by officers or employees of the Company who receive no compensation from the Plan.

Note 1 - Description of Plan, continued

Forfeitures

Forfeitures are first used to reinstate previously forfeited account balances of rehired former participants and any remaining forfeitures serve to first pay administrative expenses and then to reduce employer contributions. The Company utilized $109 of forfeitures to offset employer matching contributions for the year ended December 31, 2009 and retained a balance of $4,801 in the forfeiture account at year end.

Note 2 - Summary of Significant Accounting Policies

The summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements.

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Recent Accounting Pronouncements

The Financial Accounting Standards Board ("FASB") issued Statement No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles* ("SFAS 168") (FASB ASC 105-10). SFAS 168 replaces all previously issued accounting standards and establishes the *FASB Accounting Standards Codification* ("FASB ASC" or the "Codification") as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with U.S. GAAP. SFAS 168 is effective for all annual periods ending after September 15, 2009. The FASB ASC is not intended to change existing U.S. GAAP. The adoption of this pronouncement only resulted in changes to the Plan's financial statement disclosure references. As such, the adoption of this pronouncement had no effect on the Plan's financial statements.

In May 2009, the FASB issued Statement No. 165, *Subsequent Events* ("SFAS 165"), included in the Codification under FASB ASC 855, which establishes general standards of accounting for and disclosure of events occurring after the balance sheet date, but before the financial statements are issued or available to be issued. SFAS 165 also requires entities to disclose the date through which it has evaluated subsequent events and the basis for that date. The Plan adopted SFAS 165 for its year ended December 31, 2009. The adoption did not have a material impact on the Plan's financial statements.

Note 2 - Summary of Significant Accounting Policies, continued

Recent Accounting Pronouncements, continued

See Note 10 for more information regarding the Plan's evaluation of subsequent events.

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 certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. This includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Note 3 - Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was prepared by or derived from information provided by Fidelity Management Trust Company ("Fidelity") and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Fidelity that information provided to the Plan Administrator by Fidelity related to the following information is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not

Note 3 - Information Prepared and Certified by Trustee, continued

to perform any auditing procedures with respect to the information in Note 4 and the supplemental schedule related to the following items:

- Investment assets, transaction, and income
- Schedule of assets held for investment purposes
- Loans to participants

Note 4 - Investments and Fair Value Measurements

The Plan follows FASB ASC 820, *Fair Value Measurements and Disclosures*, which provides a definition of fair value and establishes a framework for measuring fair value. FASB ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in a transaction between willing market participants. Additional disclosures focusing on the methods used to determine fair value are also required using the following hierarchy:

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

Note 4 - Investments and Fair Value Measurements, continued

All investments in the Statement of Net Assets are reported at fair value. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009.

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Large Cap Funds	$ 849,737	$ --	$ --	$ 849,737
Mid Cap Funds	993,676			993,676
Small Cap Funds	246,846			246,846
International Fund	464,468			464,468
Specialty Funds	32,680			32,680
Bond Investment Funds	161,357			161,357
Blended Funds	384,542			384,542
Money Market Fund	194,417			194,417
Participant Loans	--	--	7,894	7,894
Total assets	$ 3,327,723	$ --	$ 7,894	$ 3,335,617

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Large Cap Funds	$ 530,636	$ --	$ --	$ 530,636
Mid Cap Funds	670,365			670,365
Small Cap Funds	78,012			78,012
International Fund	379,617			379,617
Specialty Funds	19,178			19,178
Bond Investment Funds	149,855			149,855
Blended Funds	338,363			338,363
Money Market Fund	167,000			167,000
Participant Loans	--	--	50,656	50,656
Total assets	$ 2,333,026	$ --	$ 50,656	$ 2,383,682

Note 4 - Investments and Fair Value Measurements, continued

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Level 3 Assets Year Ended December 31, 2009 Participant loans
Balance, beginning of year	$ 50,656
Purchases, sales, issuances and settlements (net)	(42,762)
Balance, end of year	$ 7,894

Participant loans are valued at the amortized cost, which approximates fair value.

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 are investments that represent 5% of more of the Plan's net assets.

Description	2009	2008
Fidelity Mid-Cap Stock Fund	$ 200,820	$ **
Fidelity Value Fund	407,557	287,741
Fidelity Low-Priced Stock Fund	357,907	253,878
Fidelity Diversified International Fund	297,359	197,929
Fidelity Overseas Fund	**	181,688
Fidelity Retirement Money Market Fund	194,417	167,000
Fidelity Dividend Growth Fund	173,038	**

** - *This investment did not represent 5% or more of the Plan's net assets for the period indicated.*

Gains and Losses

During 2009, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $791,024.

Note 5 - Plan Termination

Although it has not expressed any intent to do so, 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 would become 100% vested in their employer contributions.

Note 6 - Tax Status

The Plan was adopted from a prototype plan sponsored by Fidelity Management & Research Company ("FMR"). The Internal Revenue Service has determined and informed FMR by a letter dated October 2003, that the Plan is acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. Although the Company has made amendments to the Plan since adoption of the prototype, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The FASB issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 7 - Risks and Uncertainties

The Plan invests in various mutual funds under pooled separate accounts. Mutual funds are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain mutual funds, it is at least reasonably possible that changes in the values of mutual funds will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8 - Reconciliation of Financial Statements to Forms 5500

The Annual Return/Report of Employee Benefit Plan (Form 5500) is prepared on the modified cash basis. Accordingly, certain balances included on the 5500 differ from those included in these financial statements. The following is a reconciliation to Form 5500:

Note 8 - Reconciliation of Financial Statements to Forms 5500, continued

	December 31, 2009	December 31, 2008
Net assets available for benefits, Form 5500	$3,335,617	$2,383,682
Contributions receivable	29,416	37,582
Excess contributions payable	(6,813)	(9,315)
Net assets available for benefits, financial statements	$3,358,220	$2,411,949

Net gain (loss), Form 5500	$ 951,935
Contributions receivable-prior year	(37,582)
Excess contributions payable-current year	(6,813)
Contributions receivable-current year	29,416
Excess contributions-prior year	9,315
Net increase in net assets available for benefits financial statements	$ 946,271

Note 9 - Party-in-Interest Transactions

Certain Plan investments under pooled separate accounts are shares of mutual funds managed by the Trustee of the Plan. Transactions with the Trustee qualify as party-in-interest transactions. In addition, the Company paid approximately $14,000 and $12,000 for the years ended December 31, 2009 and 2008, on behalf of the Plan to parties-in-interest for audit fees and administrative expenses, respectively.

Note 10 - Subsequent Events

In preparing the accompanying financial statements, in accordance with FASB ASC 855, the Plan has reviewed events that have occurred after December 31, 2009, through July 26, 2010, the date the financial statements were available for issuance. During this period, the Plan did not have any material subsequent events.

GEMMY INDUSTRIES CORPORATION 401(k) PLAN

Supplemental Schedule

December 31, 2009

I.D. #75-2001355
Plan #001

GEMMY INDUSTRIES CORPORATION 401(k) PLAN
Schedule H, Line 4(i) -
Schedule of Assets (Held at End of Year)
As of December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	Fidelity Mgmt Trust Co.	Fidelity Fund	$ 5,522
*	Fidelity Mgmt Trust Co.	Fidelity Puritan	57,318
*	Fidelity Mgmt Trust Co.	Fidelity Value Strategies Fund	134,410
*	Fidelity Mgmt Trust Co.	Fidelity Contra Fund	128,511
*	Fidelity Mgmt Trust Co.	Fidelity Equity-Income Fund	38,180
*	Fidelity Mgmt Trust Co.	Fidelity Growth Company Fund	70,893
*	Fidelity Mgmt Trust Co.	Fidelity Investment Grade Bond Fund	19,917
*	Fidelity Mgmt Trust Co.	Fidelity Intermediate Bond Fund	130,746
*	Fidelity Mgmt Trust Co.	Fidelity Value Fund	407,557
*	Fidelity Mgmt Trust Co.	Fidelity OTC Portfolio	79,347
*	Fidelity Mgmt Trust Co.	Fidelity Overseas Fund	167,109
*	Fidelity Mgmt Trust Co.	Fidelity Real Estate Investments Fund	32,680
*	Fidelity Mgmt Trust Co.	Fidelity Blue Chip Growth Fund	151,212
*	Fidelity Mgmt Trust Co.	Fidelity Low-Priced Stock Fund	357,907
*	Fidelity Mgmt Trust Co.	Fidelity Equity Income II Fund	37,355
*	Fidelity Mgmt Trust Co.	Fidelity Growth Strategies Fund	13,537
*	Fidelity Mgmt Trust Co.	Fidelity Diversified International Fund	297,359
*	Fidelity Mgmt Trust Co.	Fidelity Dividend Growth Fund	173,038
*	Fidelity Mgmt Trust Co.	Fidelity Export and Multinational Fund	53,444
*	Fidelity Mgmt Trust Co.	Fidelity Mid-Cap Stock Fund	200,820
*	Fidelity Mgmt Trust Co.	Fidelity Large Cap Stock Fund	19,772
*	Fidelity Mgmt Trust Co.	Fidelity Freedom Income Fund	8,633
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2000 Fund	1,645
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2010 Fund	96,247
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2020 Fund	89,194
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2030 Fund	53,118
*	Fidelity Mgmt Trust Co.	Fidelity Small Cap Discovery Fund	91,184
	Spartan	Spartan Total Market Index Fund	10,139
	Spartan	Spartan Extended Market Index Fund	13,855
*	Fidelity Mgmt Trust Co.	Fidelity Short Term Bond Fund	10,694
*	Fidelity Mgmt Trust Co.	Fidelity Fifty Fund	82,324
*	Fidelity Mgmt Trust Co.	Fidelity Retirement Money Market Fund	194,417
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2040 Fund	42,162
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2005 Fund	93
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2015 Fund	95
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2025 Fund	32,735
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2035 Fund	1,364
*	Fidelity Mgmt Trust Co.	Fidelity Small Cap Value Fund	21,252
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2050 Fund	1,938
	Participant Loans	(7.50% interest)	7,894
			$ 3,335,617

* Column (a) indicates each identified person/entity known to be a party-in-interest with respect to the Plan.

Column (d) has been omitted as this is a participant directed plan

GEMMY INDUSTRIES CORPORATION 401(k) PLAN

Supplemental Schedule

December 31, 2009

I.D. #75-2001355
Plan #001

GEMMY INDUSTRIES CORPORATION 401(k) PLAN
Schedule H, Line 4(i) -
Schedule of Assets (Held at End of Year)
As of December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	Fidelity Mgmt Trust Co.	Fidelity Fund	$ 5,522
*	Fidelity Mgmt Trust Co.	Fidelity Puritan	57,318
*	Fidelity Mgmt Trust Co.	Fidelity Value Strategies Fund	134,410
*	Fidelity Mgmt Trust Co.	Fidelity Contra Fund	128,511
*	Fidelity Mgmt Trust Co.	Fidelity Equity-Income Fund	38,180
*	Fidelity Mgmt Trust Co.	Fidelity Growth Company Fund	70,893
*	Fidelity Mgmt Trust Co.	Fidelity Investment Grade Bond Fund	19,917
*	Fidelity Mgmt Trust Co.	Fidelity Intermediate Bond Fund	130,746
*	Fidelity Mgmt Trust Co.	Fidelity Value Fund	407,557
*	Fidelity Mgmt Trust Co.	Fidelity OTC Portfolio	79,347
*	Fidelity Mgmt Trust Co.	Fidelity Overseas Fund	167,109
*	Fidelity Mgmt Trust Co.	Fidelity Real Estate Investments Fund	32,680
*	Fidelity Mgmt Trust Co.	Fidelity Blue Chip Growth Fund	151,212
*	Fidelity Mgmt Trust Co.	Fidelity Low-Priced Stock Fund	357,907
*	Fidelity Mgmt Trust Co.	Fidelity Equity Income II Fund	37,355
*	Fidelity Mgmt Trust Co.	Fidelity Growth Strategies Fund	13,537
*	Fidelity Mgmt Trust Co.	Fidelity Diversified International Fund	297,359
*	Fidelity Mgmt Trust Co.	Fidelity Dividend Growth Fund	173,038
*	Fidelity Mgmt Trust Co.	Fidelity Export and Multinational Fund	53,444
*	Fidelity Mgmt Trust Co.	Fidelity Mid-Cap Stock Fund	200,820
*	Fidelity Mgmt Trust Co.	Fidelity Large Cap Stock Fund	19,772
*	Fidelity Mgmt Trust Co.	Fidelity Freedom Income Fund	8,633
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2000 Fund	1,645
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2010 Fund	96,247
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2020 Fund	89,194
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2030 Fund	53,118
*	Fidelity Mgmt Trust Co.	Fidelity Small Cap Discovery Fund	91,184
	Spartan	Spartan Total Market Index Fund	10,139
	Spartan	Spartan Extended Market Index Fund	13,855
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*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2005 Fund	93
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2015 Fund	95
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2025 Fund	32,735
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2035 Fund	1,364
*	Fidelity Mgmt Trust Co.	Fidelity Small Cap Value Fund	21,252
*	Fidelity Mgmt Trust Co.	Fidelity Freedom 2050 Fund	1,938
	Participant Loans	(7.50% interest)	7,894
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* Column (a) indicates each identified person/entity known to be a party-in-interest with respect to the Plan.

Column (d) has been omitted as this is a participant directed plan