

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089
		<b>2009</b>
		<b>This Form is Open to Public Inspection</b>

<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input checked="" type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b> Name of plan <u>BRANFORD GROUP 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ► <u>003</u> <b>1c</b> Effective date of plan <u>01/01/1985</u>
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BRANFORD CHAIN, INC.</u>  <u>150 E 58TH ST, 29TH FL</u> <u>NEW YORK, NY 10155</u>	<b>2b</b> Employer Identification Number (EIN) <u>13-3403556</u> <b>2c</b> Sponsor's telephone number <u>212-317-2004</u> <b>2d</b> Business code (see instructions) <u>551112</u>

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

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

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/23/2010</u>	<u>DAVID CASTLE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)  
v.092307.1

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") BRANFORD CHAIN, INC.  150 E 58TH ST, 29TH FL NEW YORK, NY 10155	<b>3b</b> Administrator's EIN 13-3403556  <b>3c</b> Administrator's telephone number 212-317-2004
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<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	295
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	135
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	48
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	183
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	1
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	184
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	165
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	1

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3H

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

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

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

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

<b>A</b> Name of plan <b>BRANFORD GROUP 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b>	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRANFORD CHAIN, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3403556</b>	

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  <b>FID.INV.INST.OPS.CO.</b>  <b>04-2647786</b>
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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	7244	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ARTISAN MID CAP INV - BOSTON FINANCIAL D  04-2526037	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
OAKMARK FUND I - BOSTON FINANCIAL D  04-2526037	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
WEST ASSET CORE FI - BOSTON FINANCIAL D  04-2526037	0.40%	

**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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2009 or fiscal plan year beginning <span style="color:blue;">01/01/2009</span> and ending <span style="color:blue;">12/31/2009</span>		
<b>A</b> Name of plan <span style="color:blue;">BRANFORD GROUP 401(K) PLAN</span>	<b>B</b> Three-digit plan number (PN) ►	<span style="color:blue;">003</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color:blue;">BRANFORD CHAIN, INC.</span>	<b>D</b> Employer Identification Number (EIN)  <span style="color:blue;">13-3403556</span>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	14411	6504
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	16472	6875
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1099715	1253781
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	84258	94474
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	3481355	5302216
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	4696211	6663850

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	4696211	6663850
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**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income****a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	300332	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	575699	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	1646	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		877677

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

<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	7256	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	5196	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		12452

(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	1255686	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1255686

(3) Rents .....	<b>2b(3)</b>		
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(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2145815

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	170932	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		170932
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	7244	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		7244
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		178176

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1967639
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: BDO USA, LLP

(2) EIN: 13-5381590

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	X		416029
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....		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)

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2009</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<b>A</b> Name of plan <u>BRANFORD GROUP 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BRANFORD CHAIN, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3403556</u>

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> 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>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (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)
----------------	--

<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
<b>5</b> 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.			
<b>6 a</b> Enter the minimum required contribution for this plan year .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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).....	<b>6c</b>		
If you completed line 6c, skip lines 8 and 9.			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2009  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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


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

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

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

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


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



# **Branford Group 401(k) Plan**

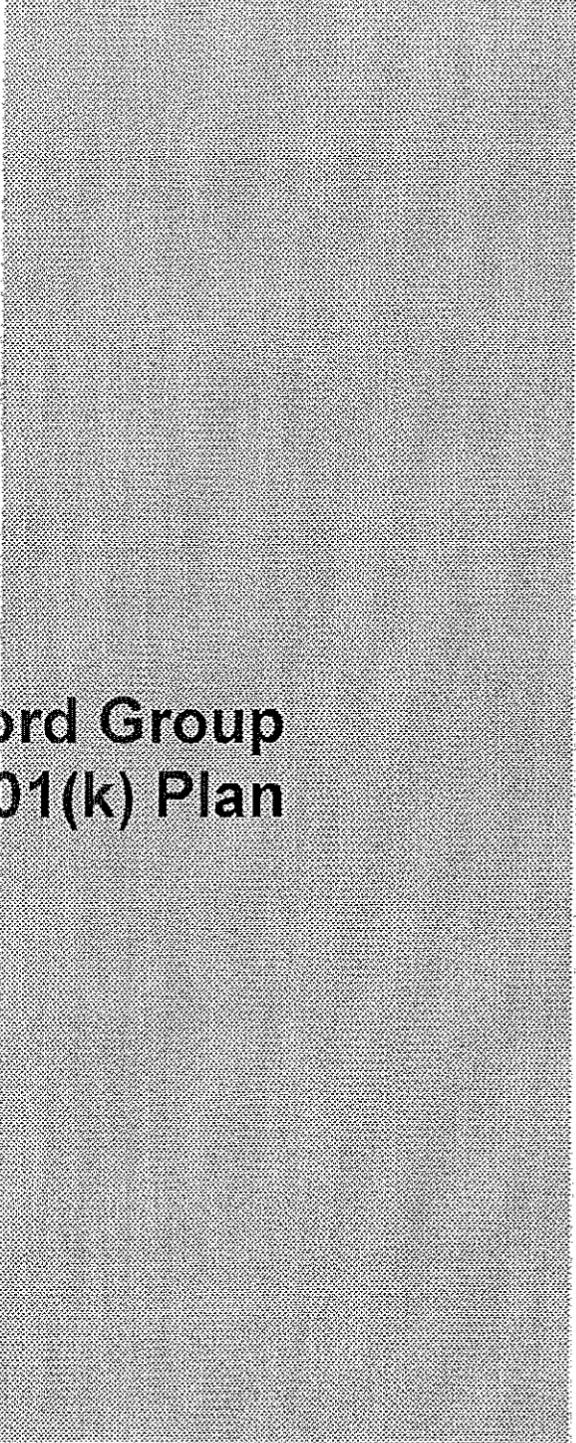
## **Financial Statements and Supplemental Schedules**

**Years Ended December 31, 2009, 2008 and 2007**




The report accompanying these financial statements was issued by BDO USA, LLP, a New York limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.





**Branford Group  
401(k) Plan**



**Financial Statements  
and Supplemental Schedules**  
Years Ended December 31, 2009, 2008 and 2007

# Branford Group 401(k) Plan

## Contents

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## Independent Auditors' Report

Plan Administrator  
Branford Group 401(k) Plan  
New York, New York

We were engaged to audit the financial statements and the supplemental schedules of the Branford Group 401(k) Plan (the "Plan") as of and for the years ended December 31, 2009, 2008 and 2007, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by 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 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 certifications from the trustee as of and for the years ended December 31, 2009, 2008 and 2007, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental 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 information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

*BDO USA, LLP*

New York, New York

August 19, 2010

# Branford Group 401(k) Plan

## Statements of Net Assets Available for Benefits

<i>December 31,</i>	2009	2008	2007
<b>Assets</b>			
<b>Investments, at fair value (Notes 3, 4 and 5):</b>			
Money market fund	\$1,253,781	\$1,099,715	\$1,006,448
Mutual funds	5,302,216	3,481,355	4,761,420
Participant loans	94,474	84,258	83,280
<b>Total investments, at fair value</b>	<b>6,650,471</b>	<b>4,665,328</b>	<b>5,851,148</b>
<b>Receivables:</b>			
Participant	6,875	16,472	14,570
Employer	6,504	14,411	8,301
<b>Total receivables</b>	<b>13,379</b>	<b>30,883</b>	<b>22,871</b>
<b>Total assets</b>	<b>6,663,850</b>	<b>4,696,211</b>	<b>5,874,019</b>
<b>Liabilities</b>			
Amounts due to participants (Note 8)	-	-	16,051
<b>Net assets available for benefits</b>	<b>\$6,663,850</b>	<b>\$4,696,211</b>	<b>\$5,857,968</b>

*See accompanying independent auditors' report  
and notes to financial statements.*

# Branford Group 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	<b>2009</b>	<b>2008</b>	<b>2007</b>
<b>Additions (reductions):</b>			
Investment income (loss) (Notes 4 and 5):			
Interest income from participant loans	\$ 5,196	\$ 5,382	\$ 5,081
Interest income from money market fund	7,256	31,106	48,060
Net appreciation (depreciation) in fair value of mutual funds	1,255,686	(1,938,716)	381,192
<b>Total investment income (loss)</b>	<b>1,268,138</b>	<b>(1,902,228)</b>	<b>434,333</b>
Contributions:			
Participant	575,699	535,331	450,302
Employer	300,332	278,532	260,266
Rollover (Note 10)	1,646	14,339	214,428
<b>Total additions (reductions)</b>	<b>2,145,815</b>	<b>(1,074,026)</b>	<b>1,359,329</b>
<b>Deductions:</b>			
Benefits paid to participants and beneficiaries	170,932	81,440	89,659
Administrative expenses	7,244	6,291	5,067
<b>Total deductions</b>	<b>178,176</b>	<b>87,731</b>	<b>94,726</b>
<b>Net increase (decrease) in net assets available for benefits</b>	<b>1,967,639</b>	<b>(1,161,757)</b>	<b>1,264,603</b>
<b>Net assets available for benefits, beginning of year</b>	<b>4,696,211</b>	<b>5,857,968</b>	<b>4,593,365</b>
<b>Net assets available for benefits, end of year</b>	<b>\$6,663,850</b>	<b>\$ 4,696,211</b>	<b>\$5,857,968</b>

*See accompanying independent auditors' report  
and notes to financial statements.*

# Branford Group 401(k) Plan

## Notes to Financial Statements

### 1. Description of Plan

The following description of the Branford Group 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

#### *General*

The Plan is a defined contribution plan available to qualifying employees of Branford Chain, Inc. ("Branford" or the "Company") and the subsidiaries of the Company, including employees of Dreyfus-Cortney, Inc. ("Dreyfus"), Washington Chain & Supply, Inc. ("Washington"), Lister Chain & Forge, Inc. ("Lister") and E-Mon, LLC ("E-Mon") who have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

#### *Participant Contributions*

Each year, participants may contribute a percentage of their pretax annual compensation, as defined in the Plan, up to the maximum allowable under the Internal Revenue Code ("IRC"). Participants may also roll over amounts into the Plan representing distributions from other qualified plans.

#### *Matching Contributions*

Matching contribution formulas for employees enrolled in the 401(k) feature are determined by the participating employers from the options available under the Plan.

# Branford Group 401(k) Plan

## Notes to Financial Statements

(a) *Branford Chain, Inc., Dreyfus-Cortney, Inc., Washington Chain & Supply, Inc. and Lister Chain & Forge, Inc.*

In 2007, Branford, Dreyfus, Washington and Lister made matching contributions on behalf of qualifying contributing participants or non-union contributing participants who are not highly compensated employees on the following basis: An amount equal to 100% of such contributing participant's elective deferral which does not exceed 3% of the contributing participant's compensation plus 25% of the portion of such contributing participant's elective deferral which exceeds 3% but does not exceed 6% of the contributing participant's compensation, subject to maximums set by the Department of the Treasury. The total matching contribution percentage on behalf of any contributing participant may not exceed 3.75% of compensation.

(b) *E-Mon, LLC*

In 2007, E-Mon made matching contributions on behalf of qualifying contributing participants who are not highly compensated employees on the following basis: An amount equal to 100% of such contributing participant's elective deferral which does not exceed 6% of the contributing participant's compensation.

As of January 1, 2008, the Plan was amended to become a "Safe Harbor Plan" under Section 401(k)(12) of the IRC. As a Safe Harbor Plan, the Company made fully vested safe harbor matching contributions for all eligible participants amounting to 100% of the first 3% of an active participant's compensation contributed to the Plan and 50% of the next 2% of the active participant's compensation contributed to the Plan, subject to maximums set by the Department of the Treasury.

# Branford Group 401(k) Plan

## Notes to Financial Statements

### *Profit-Sharing Contributions*

For purposes of participants participating in the profit sharing feature, the Plan requires one year of service for eligibility purposes. Participants will be credited with one year of service for eligibility purposes for each twelve-month period during which they have completed 1,000 hours of service.

Lister made profit sharing contributions on behalf of each union employee eligible to participate in the Plan in 2009, 2008 and 2007 on the following basis: An amount equal to 3.0% of such employee's base hourly rate for all hours worked. This provision is consistent with the terms of the Collective Bargaining Agreement concluded between the Company and the Union on June 1, 2005.

The Board of Directors of Branford, Dreyfus, Washington and E-Mon voted not to make a discretionary profit sharing contribution to the Plan on behalf of qualifying participants for the fiscal years ended December 31, 2009, 2008 and 2007, respectively.

### *Participant Accounts*

Each participant's account is credited with the participant's contributions and the Company's matching and profit-sharing contributions and Plan earnings. Allocations are based on the participant's deferrals, balance or earnings, as defined, other than the participant directed transactions that may have individual fees. The benefit to which a participant is entitled to is the participant's vested account. Participants may direct the investment of their account balances into various investment options offered by the Plan. The Plan currently offers 27 mutual funds and a money market fund as investment options for participants.

### *Vesting*

Participants are immediately vested in their voluntary contributions, the Company contributions and any income or loss thereon, made in accordance with the Safe Harbor provisions of the Plan.

# Branford Group 401(k) Plan

## Notes to Financial Statements

Company contributions and any income or loss therein made prior to the adoption of the Safe Harbor provision in 2008 vest at 20% each year, and are fully vested after 5 years of service.

For the 401(k) plans that were merged into the Plan, certain more favorable vesting schedules that were maintained under the merged plans were grandfathered into the Plan for participants in those plans at the time of the merger.

### *Participant Loans*

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the Plan administrator. The loans must be repaid in level payments through payroll deductions over a five-year period, except for the purchase of a principal residence which may be repaid over a reasonable period of time that may be longer than five years. Other than loans that were transferred in, all of the loans' interest rates were fixed at 6.5%.

### *Payment of Benefits*

Upon termination of service, death, disability, or retirement, a participant may elect to receive their benefit as a lump sum amount or under a systematic withdrawal plan in an amount equal to the value of the participant's vested interest in his or her account. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan.

### *Forfeitures*

Forfeitures resulting from the nonvested portions of participants' accounts who terminate prior to being fully vested are generally used first to pay the administrative expenses of the Plan, and any remaining amounts may be used to reduce future Company contributions. In 2008, approximately \$3,000 of the forfeiture balance was used to offset Company contributions. As of December 31, 2009, 2008 and 2007, the Plan had \$14,465, \$13,864 and \$7,245, respectively, of unallocated forfeitures.

# Branford Group 401(k) Plan

## Notes to Financial Statements

### *Administrative Expenses*

Administrative expenses not paid by the Company are paid by the Plan. Loan setup fees, short-term trading fees, overnight mailing fees, and certain other miscellaneous fees are deducted from participants' accounts.

## 2. Summary of Significant Accounting Policies

### *Basis of Accounting*

The financial statements of the Plan are prepared under the accrual method of accounting.

### *Use of Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

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

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

# Branford Group 401(k) Plan

## Notes to Financial Statements

### *Risks and Uncertainties*

The Plan provides for various investment options in any combination of funds offered by the Plan. These funds are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

### *Payment of Benefits*

Benefits are recorded when paid.

### *New Accounting Pronouncements*

Effective January 1, 2008, the Plan adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, "Fair Value Measurements and Disclosures" (formerly FASB Statement 157), which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The adoption of ASC 820 did not have a material impact on the Plan's financial statements.

In September 2009, the ASC became the source of authoritative Generally Accepted Accounting Principles ("GAAP") recognized by FASB for nongovernmental entities.

In April 2009, the FASB issued guidance under ASC 820, which was formerly referred to as FASB Staff Position ("FSP") FAS 157-4, "Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly". This guidance emphasizes that the objective of a fair value measurement does not change even when market activity for the asset or liability has decreased significantly. Fair value is the price that would be received for an asset sold or paid to transfer a liability in an orderly transaction (that is, not a forced liquidation

# **Branford Group 401(k) Plan**

## **Notes to Financial Statements**

or distressed sale) between market participants at the measurement date under current market conditions. When observable transactions or quoted prices are not considered orderly, then little, if any, weight should be assigned to the indication of the asset or liability's fair value. Adjustments to those transactions or prices should be applied to determine the appropriate fair value. The standard also requires increased disclosures. The guidance was applied prospectively in 2009, and the impact of adoption of this standard was not material to the Plan's net assets available for benefits.

In May 2009, the FASB issued ASC 855, "Subsequent Events" (formerly FASB Statement 165) to establish general standards of accounting for and disclosing events that occur after the date of the financial statements but before those statements are issued or available to be issued. The adoption of ASC 855 did not have a material impact on the Plan.

In September 2009, the FASB issued ASC Update 2009-12, "Fair Value Measurements and Disclosures: Investments in Certain Entities That Calculate Net Asset Value Per Share (or its Equivalent)". This update provides a practical expedient for measuring the fair values of Plan investments in a limited number of entities that calculate a net asset value per share (such as hedge funds, private equity funds, funds of funds, and certain collective trusts, and pooled separate accounts). This guidance also provides enhanced disclosure requirements, and it became effective for Plan reporting periods ending after December 15, 2009. The impact of adoption of this standard was not material to the Plan's net assets available for benefits.

# Branford Group 401(k) Plan

## Notes to Financial Statements

In January 2010, the FASB issued ASC Update 2010-06, "Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements". This guidance amends ASC 820 that requires the reporting entity to disclose additional information on: (i) significant transfers in and out of Levels 1 and 2 measurements and reasons for transfers; (ii) Level 3 gross purchases, sales, issuances, and settlements information; (iii) measurement disclosures by classes of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value which is required for both recurring and nonrecurring fair value measurements. This guidance is effective for reporting periods beginning after December 15, 2009, except for the requirement to provide Level 1 and 2 activities, which will be effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years. Plan management does not expect that the adoption of the guidance will have a material impact on the Plan's net assets available for benefits.

### 3. Investments

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

<i>December 31,</i>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Oakmark Fund I	\$ 437,175	\$ 253,815	\$ 316,746
Artisan Mid Cap Investment	862,618	558,120	886,271
Fidelity Equity Income	399,012	242,591	340,674
Fidelity Balanced	442,163	336,480	454,160
Fidelity Capital Appreciation	361,403	292,597	352,967
Fidelity Diversified International	689,231	417,949	953,845
Fidelity Small Cap Stock	*	*	372,892
Fidelity Retirement Money Market	1,253,781	1,099,715	1,006,448
Fidelity Contrafund	*	238,421	*
Fidelity Government Income	453,357	305,527	*

\* Less than 5%.

# Branford Group 401(k) Plan

## Notes to Financial Statements

**4. Information  
Certified by the  
Plan's Trustee**

The Plan's administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company (the "Trustee") has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

<i>December 31,</i>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Money market fund	<b>\$1,253,781</b>	<b>\$1,099,715</b>	<b>\$1,006,448</b>
Mutual funds	<b>5,302,216</b>	<b>3,481,355</b>	<b>4,761,420</b>
Participant loans	<b>94,474</b>	<b>84,258</b>	<b>83,280</b>
	<b>\$6,650,471</b>	<b>\$4,665,328</b>	<b>\$5,851,148</b>

<i>December 31,</i>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Interest income from participant loans	<b>\$ 5,196</b>	<b>\$ 5,382</b>	<b>\$ 5,081</b>
Interest income from money market fund	<b>7,256</b>	<b>31,106</b>	<b>48,060</b>
Net appreciation (depreciation) in fair value of mutual funds	<b>1,255,686</b>	<b>(1,938,716)</b>	<b>381,192</b>

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

The Plan presents in the statements of changes in net assets available for benefits the net appreciation in the fair value of its mutual fund investments which consists of the realized gains or losses, unrealized appreciation (depreciation) and dividends on those investments. Dividends approximated \$80,000, \$100,000 and \$430,000 for 2009, 2008 and 2007, respectively.

# Branford Group 401(k) Plan

## Notes to Financial Statements

### 5. Fair Value Measurements

ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

- Level 1 - Quoted prices in active markets for identical assets or liabilities at the measurement date.
- Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.
- Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

As required by ASC 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The Plan uses quoted market prices to determine fair value and classify such items in Level 1 when available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used:

#### *Money Market Fund and Mutual Funds*

The money market fund and the mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end.

#### *Participant Loans*

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

# Branford Group 401(k) Plan

## Notes to Financial Statements

The preceding methods described may produce a fair value calculation 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 following tables, set forth by level within the fair value hierarchy, summarize the Plan's investment assets at fair value as of December 31, 2009 and 2008.

### *December 31, 2009*

Description	Total	Level 1	Level 2	Level 3
Money market fund	\$1,253,781	\$1,253,781	\$ -	\$-
Mutual funds	5,302,216	5,302,216	-	-
Participant loans	94,474	-	94,474	-
Total	\$6,650,471	\$6,555,997	\$94,474	\$-

### *December 31, 2008*

Description	Total	Level 1	Level 2	Level 3
Money market fund	\$1,099,715	\$1,099,715	\$ -	\$-
Mutual funds	3,481,355	3,481,355	-	-
Participant loans	84,258	-	84,258	-
Total	\$4,665,328	\$4,581,070	\$84,258	\$-

## 6. Party-in-Interest Transactions

Certain Plan investments are managed by an affiliate of the trustee of the Plan, Fidelity Investments Institutional Operations Company, Inc., and, therefore, these transactions qualify as party-in-interest transactions. Participant loans also qualify as party-in-interest transactions.

Fees paid by the Plan to the affiliate for the investment management services amounted to \$7,244, \$6,291 and \$5,067 for the years ended December 31, 2009, 2008 and 2007, respectively.

# Branford Group 401(k) Plan

## Notes to Financial Statements

7. **Tax Status** The Internal Revenue Service ("IRS") ruled on October 9, 2003 that the Prototype 401(k) Plan (the prototype plan of the Trustee upon which the Plan is based) was acceptable under Section 401(a) of the IRC. As of January 1, 2010, the Plan documents have been amended and the IRS opined on October 31, 2008 that the updated prototype plan of the Trustee on which the Plan is based is acceptable under Section 401(a) of the IRC. The Plan also applied for, and received, a determination letter from the IRS for the Plan dated July 7, 2010.
8. **Amounts Due to Participants** In order to ensure favorable tax treatment of participant accounts and to maintain its qualified status, the Plan may not exceed certain maximums for employee elective contributions and employer matching contributions of highly compensated employees as defined in the IRC. The Plan is required to take appropriate actions and make corrective distribution of excess contributions or make additional contributions to the accounts of non-highly compensated employees if IRC requirements are not met. As of December 31, 2009, 2008 and 2007, the Plan recorded amounts payable due to participants of \$-0-, \$-0- and \$16,051, respectively, as a result of non-discrimination testing related to the 2009, 2008 and 2007 Plan years.
9. **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 will become 100% vested in their employer contributions.

# **Branford Group 401(k) Plan**

## **Notes to Financial Statements**

- 10. Assets Transferred out of the Plan and Rollovers into the Plan** On February 12, 2007, the Company acquired certain of the assets and liabilities relating to the U.S.-based services and operations of E-Mon. As a result of this acquisition, E-Mon joined the Plan as a participating employer. Employees of E-Mon were all provided with the opportunity to rollover their existing 401(k) funds from E-Mon's plan to the Plan and began contributing to the Plan during 2007. Rollovers of approximately \$205,000 were deposited during the year ended December 31, 2007. Employees of E-Mon were given credit under the Plan for eligibility and vesting for their prior service.
- 11. Late Remittances** During the Plan years ended December 31, 2009, 2008 and 2007, employee withholdings in the amount of \$78,450, \$121,012 and \$216,567, respectively, were not remitted within the appropriate time period by the Company. These transactions constitute prohibited transactions as defined by ERISA. The Company has taken the necessary corrective actions.
- 12. Subsequent Events** Subsequent events have been evaluated through August 19, 2010, the date the financial statements were available to be issued.
- In July 2010, the business of E-Mon was sold to Honeywell. As a result, active E-Mon employees are no longer part of the Plan. Account balances of participants who became employees of Honeywell are available for distribution. The amounts distributed may be rolled over directly into the 401(k) plan of Honeywell or into an IRA.

## **Supplemental Schedules**

# Branford Group 401(k) Plan

## Schedule of Assets (Held at End of Year) EIN: 13-3403556      Plan Number: 003

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Retirement Money Market	1,253,781 shares, money market fund	a	\$1,253,781
	Oakmark Fund I	11,803 shares, mutual fund	a	437,175
	Artisan Mid Cap Investment	33,749 shares, mutual fund	a	862,618
*	Fidelity Equity Income	10,194 shares, mutual fund	a	399,012
*	Fidelity Balanced	27,027 shares, mutual fund	a	442,163
*	Fidelity Capital Appreciation	16,864 shares, mutual fund	a	361,403
*	Fidelity Diversified International	24,615 shares, mutual fund	a	689,231
*	Fidelity Small Capital Stock	20,483 shares, mutual fund	a	326,501
*	West Asset Core Fidelity	6,156 shares, mutual fund	a	65,376
*	Fidelity Contrafund	5,028 shares, mutual fund	a	293,049
*	Fidelity Intermediate Bond	9,249 shares, mutual fund	a	93,873
*	Fidelity Value	4,929 shares, mutual fund	a	280,686
*	Fidelity Government Income	43,634 shares, mutual fund	a	453,357
*	Fidelity Equity Income II	149 shares mutual fund	a	2,438
*	Fidelity Dividend Growth	116 shares mutual fund	a	2,738
*	Fidelity Freedom Income	502 shares, mutual fund	a	5,391
*	Fidelity Freedom 2000	360 shares, mutual fund	a	4,085
*	Fidelity Freedom 2005	613 shares, mutual fund	a	6,148
*	Fidelity Freedom 2010	5,212 shares, mutual fund	a	65,206
*	Fidelity Freedom 2015	2,849 shares, mutual fund	a	29,682
*	Fidelity Freedom 2020	7,993 shares, mutual fund	a	100,311
*	Fidelity Freedom 2025	6,171 shares, mutual fund	a	64,115
*	Fidelity Freedom 2030	3,800 shares, mutual fund	a	47,082
*	Fidelity Freedom 2035	3,784 shares, mutual fund	a	38,822
*	Spartan US Equity Index	4,718 shares, mutual fund	a	186,039

\* - Funds are managed by an affiliate of the Trustee, a party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

*See accompanying independent auditors' report.*

# Branford Group 401(k) Plan

## Schedule of Assets (Held at End of Year) EIN: 13-3403556 Plan Number: 003

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Freedom 2040	2,282 shares, mutual fund	a	\$ 16,337
*	Fidelity Freedom 2045	686 shares, mutual fund	a	5,807
*	Fidelity Freedom 2050	2,823 shares, mutual fund	a	23,571
**	Participant loans	Loans due from plan participant with interest rates fixed at 6.5%	-	94,474
				\$6,650,471

\* - Funds are managed by an affiliate of the Trustee, a party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

\*\* - A party-in-interest as defined by ERISA.

*See accompanying independent auditors' report.*

# Branford Group 401(k) Plan

## Schedule of Assets (Held at End of Year) EIN: 13-3403556      Plan Number: 003

December 31, 2008

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Retirement Money Market	1,099,715 shares, money market fund	a	\$1,099,715
	Oakmark Fund I	9,857 shares, mutual fund	a	253,815
	Artisan Mid Cap Investment	32,811 shares, mutual fund	a	558,120
*	Fidelity Equity Income	7,858 shares, mutual fund	a	242,591
*	Fidelity Balanced	25,646 shares, mutual fund	a	336,480
*	Fidelity Capital Appreciation	18,601 shares, mutual fund	a	292,597
*	Fidelity Diversified International	19,430 shares, mutual fund	a	417,949
*	Fidelity Small Capital Stock	20,346 shares, mutual fund	a	199,395
*	West Asset Core Fidelity	4,273 shares, mutual fund	a	38,797
*	Fidelity Contrafund	5,268 shares, mutual fund	a	238,421
*	Fidelity Intermediate Bond	7,495 shares, mutual fund	a	68,134
*	Fidelity Value	4,002 shares, mutual fund	a	159,511
*	Fidelity Government Income	27,902 shares, mutual fund	a	305,527
*	Fidelity Equity Income II	104 shares mutual fund	a	1,388
*	Fidelity Dividend Growth	83 shares mutual fund	a	1,310
*	Fidelity Freedom Income	250 shares, mutual fund	a	2,389
*	Fidelity Freedom 2000	200 shares, mutual fund	a	2,007
*	Fidelity Freedom 2005	328 shares, mutual fund	a	2,753
*	Fidelity Freedom 2010	7,980 shares, mutual fund	a	82,672
*	Fidelity Freedom 2015	1,323 shares, mutual fund	a	11,328
*	Fidelity Freedom 2020	6,279 shares, mutual fund	a	63,109
*	Fidelity Freedom 2025	5,044 shares, mutual fund	a	41,513
*	Fidelity Freedom 2030	1,447 shares, mutual fund	a	14,122
*	Fidelity Freedom 2035	2,574 shares, mutual fund	a	20,669
*	Spartan US Equity Index	3,589 shares, mutual fund	a	114,488

\* - Funds are managed by an affiliate of the Trustee, a party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

*See accompanying independent auditors' report.*

# Branford Group 401(k) Plan

## Schedule of Assets (Held at End of Year) EIN: 13-3403556 Plan Number: 003

December 31, 2008

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Freedom 2040	752 shares, mutual fund	a	\$ 4,204
*	Fidelity Freedom 2045	276 shares, mutual fund	a	1,816
*	Fidelity Freedom 2050	968 shares, mutual fund	a	6,250
**	Participant loans	Loans due from plan participant with interest rates ranging from 6.5% - 9.25%	-	84,258
				\$4,665,328

\* - Funds are managed by an affiliate of the Trustee, a party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

\*\* - A party-in-interest as defined by ERISA.

*See accompanying independent auditors' report.*

# Branford Group 401(k) Plan

## Schedules of Delinquent Participant Contributions EIN: 13-3403556      Plan No.: 003

*December 31, 2009*

Participant contributions transferred late to plan	Amounts not corrected	Amounts corrected outside VFCP*	Amounts pending correction or in VFCP*	Total fully corrected under VFCP* and PTE 2002-51
\$78,450	\$-	\$78,324	\$126	\$-

*December 31, 2008*

Participant contributions transferred late to plan	Amounts not corrected	Amounts corrected outside VFCP*	Amounts pending correction or in VFCP*	Total fully corrected under VFCP* and PTE 2002-51
\$121,012	\$-	\$120,675	\$337	\$-

*December 31, 2007*

Participant contributions transferred late to plan	Amounts not corrected	Amounts corrected outside VFCP*	Amounts pending correction or in VFCP*	Total fully corrected under VFCP* and PTE 2002-51
\$216,567	\$-	\$215,130	\$1,437	\$-

\* Voluntary Fiduciary Correction Program (DOL).

*See accompanying independent auditors' report.*

# Branford Group 401(k) Plan

## Schedule of Assets (Held at End of Year) EIN: 13-3403556      Plan Number: 003

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Retirement Money Market	1,253,781 shares, money market fund	a	\$1,253,781
	Oakmark Fund I	11,803 shares, mutual fund	a	437,175
	Artisan Mid Cap Investment	33,749 shares, mutual fund	a	862,618
*	Fidelity Equity Income	10,194 shares, mutual fund	a	399,012
*	Fidelity Balanced	27,027 shares, mutual fund	a	442,163
*	Fidelity Capital Appreciation	16,864 shares, mutual fund	a	361,403
*	Fidelity Diversified International	24,615 shares, mutual fund	a	689,231
*	Fidelity Small Capital Stock	20,483 shares, mutual fund	a	326,501
*	West Asset Core Fidelity	6,156 shares, mutual fund	a	65,376
*	Fidelity Contrafund	5,028 shares, mutual fund	a	293,049
*	Fidelity Intermediate Bond	9,249 shares, mutual fund	a	93,873
*	Fidelity Value	4,929 shares, mutual fund	a	280,686
*	Fidelity Government Income	43,634 shares, mutual fund	a	453,357
*	Fidelity Equity Income II	149 shares mutual fund	a	2,438
*	Fidelity Dividend Growth	116 shares mutual fund	a	2,738
*	Fidelity Freedom Income	502 shares, mutual fund	a	5,391
*	Fidelity Freedom 2000	360 shares, mutual fund	a	4,085
*	Fidelity Freedom 2005	613 shares, mutual fund	a	6,148
*	Fidelity Freedom 2010	5,212 shares, mutual fund	a	65,206
*	Fidelity Freedom 2015	2,849 shares, mutual fund	a	29,682
*	Fidelity Freedom 2020	7,993 shares, mutual fund	a	100,311
*	Fidelity Freedom 2025	6,171 shares, mutual fund	a	64,115
*	Fidelity Freedom 2030	3,800 shares, mutual fund	a	47,082
*	Fidelity Freedom 2035	3,784 shares, mutual fund	a	38,822
*	Spartan US Equity Index	4,718 shares, mutual fund	a	186,039

\* - Funds are managed by an affiliate of the Trustee, a party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

*See accompanying independent auditors' report.*

# Branford Group 401(k) Plan

## Schedule of Assets (Held at End of Year) EIN: 13-3403556 Plan Number: 003

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Freedom 2040	2,282 shares, mutual fund	a	\$ 16,337
*	Fidelity Freedom 2045	686 shares, mutual fund	a	5,807
*	Fidelity Freedom 2050	2,823 shares, mutual fund	a	23,571
**	Participant loans	Loans due from plan participant with interest rates fixed at 6.5%	-	94,474
				\$6,650,471

\* - Funds are managed by an affiliate of the Trustee, a party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

\*\* - A party-in-interest as defined by ERISA.

*See accompanying independent auditors' report.*

# Branford Group 401(k) Plan

## Schedule of Assets (Held at End of Year) EIN: 13-3403556      Plan Number: 003

December 31, 2008

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
* Fidelity Retirement Money Market	1,099,715 shares, money market fund	a	\$1,099,715	
Oakmark Fund I	9,857 shares, mutual fund	a	253,815	
Artisan Mid Cap Investment	32,811 shares, mutual fund	a	558,120	
* Fidelity Equity Income	7,858 shares, mutual fund	a	242,591	
* Fidelity Balanced	25,646 shares, mutual fund	a	336,480	
* Fidelity Capital Appreciation	18,601 shares, mutual fund	a	292,597	
* Fidelity Diversified International	19,430 shares, mutual fund	a	417,949	
* Fidelity Small Capital Stock	20,346 shares, mutual fund	a	199,395	
* West Asset Core Fidelity	4,273 shares, mutual fund	a	38,797	
* Fidelity Contrafund	5,268 shares, mutual fund	a	238,421	
* Fidelity Intermediate Bond	7,495 shares, mutual fund	a	68,134	
* Fidelity Value	4,002 shares, mutual fund	a	159,511	
* Fidelity Government Income	27,902 shares, mutual fund	a	305,527	
* Fidelity Equity Income II	104 shares mutual fund	a	1,388	
* Fidelity Dividend Growth	83 shares mutual fund	a	1,310	
* Fidelity Freedom Income	250 shares, mutual fund	a	2,389	
* Fidelity Freedom 2000	200 shares, mutual fund	a	2,007	
* Fidelity Freedom 2005	328 shares, mutual fund	a	2,753	
* Fidelity Freedom 2010	7,980 shares, mutual fund	a	82,672	
* Fidelity Freedom 2015	1,323 shares, mutual fund	a	11,328	
* Fidelity Freedom 2020	6,279 shares, mutual fund	a	63,109	
* Fidelity Freedom 2025	5,044 shares, mutual fund	a	41,513	
* Fidelity Freedom 2030	1,447 shares, mutual fund	a	14,122	
* Fidelity Freedom 2035	2,574 shares, mutual fund	a	20,669	
* Spartan US Equity Index	3,589 shares, mutual fund	a	114,488	

\* - Funds are managed by an affiliate of the Trustee, a party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

*See accompanying independent auditors' report.*

# Branford Group 401(k) Plan

## Schedule of Assets (Held at End of Year) EIN: 13-3403556      Plan Number: 003

December 31, 2008

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Fidelity Freedom 2040	752 shares, mutual fund	a	\$ 4,204
*	Fidelity Freedom 2045	276 shares, mutual fund	a	1,816
*	Fidelity Freedom 2050	968 shares, mutual fund	a	6,250
**	Participant loans	Loans due from plan participant with interest rates ranging from 6.5% - 9.25%	-	84,258
				\$4,665,328

\* - Funds are managed by an affiliate of the Trustee, a party-in-interest as defined by ERISA.

a - The cost of participant-directed investments is not required to be disclosed.

\*\* - A party-in-interest as defined by ERISA.

*See accompanying independent auditors' report.*