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:
- [X] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [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
PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
PROFESSIONAL TURF PRODUCTS, LP

1010 N. INDUSTRIAL BLVD.
EULESS, TX 76039

1010 N. INDUSTRIAL BLVD.
EULESS, TX 76039

2b Employer Identification Number (EIN)
06-1664252

2c Sponsor's telephone number
817-785-1900

2d Business code (see instructions)
423800

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.	09/16/2010	PAMELA CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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")
PROFESSIONAL TURF PRODUCTS, LP

1010 N. INDUSTRIAL BLVD.
EULESS, TX 76039

3b Administrator's EIN
06-1664252

3c Administrator's telephone number
817-785-1900

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**	99
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**	87
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	104
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	104
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	70
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 3H

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
PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROFESSIONAL TURF PRODUCTS, LP

D Employer Identification Number (EIN)
06-1664252

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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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) 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?
64 65 37	RECORDKEEPER	7813	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROFESSIONAL TURF PRODUCTS, LP

D Employer Identification Number (EIN)
06-1664252

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)	115292	95846
(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)	40051	47275
(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)	2032384	2969083
(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	2187727	3112204
	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	2187727	3112204

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)	56973	
	(B) Participants	2a(1)(B)	223944	
	(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)		280917
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	681	
	(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)	2206	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2887
	(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)	48673	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		48673
	(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)		692352
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1024829
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	92529	
(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)		92529
f Corrective distributions (see instructions)	2f		
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)	7823	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7823
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		100352
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		924477
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: MIDDLETON BURNS & DAVIS, PC (2) EIN: 75-1941702

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		500000
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
PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROFESSIONAL TURF PRODUCTS, LP

D Employer Identification Number (EIN)
06-1664252

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):

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

Report on
Financial Statements
For the Years Ended
December 31, 2009 and 2008

MIDDLETON BURNS & DAVIS, PC
SINCE 1948

CERTIFIED PUBLIC
ACCOUNTANTS
AND CONSULTANTS

KARL V. SPRINGER
PAUL A. PARKER
PETER G. ROBBINS
RANDY D. NETEK

RETIRED
ALVIN E. BURNS
DANIEL M. DAVIS
ROBIN E. LONG

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Professional Turf Products, LP 401(k) Profit Sharing Plan
Euless, Texas

We were engaged to audit the financial statements and the supplemental schedule of Professional Turf Products, LP 401(k) Plan (the Plan) as of December 31, 2009 and 2008 and for the years then ended. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information which was certified by Fidelity Management Trust Company ("Fidelity"), 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 holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by Fidelity is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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 Security Act of 1974.

Middleton Burns & Davis, P.C.

Certified Public Accountants

July 14, 2010

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PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

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

	2009	2008
ASSETS:		
INVESTMENTS:		
Cash and cash equivalents	$ 95,846	$ 115,292
Registered investment companies	2,969,083	2,032,385
Participant loans	47,275	40,051
Total investments	3,112,204	2,187,728
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,112,204	$ 2,187,728

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

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

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

	2009	2008
ADDITIONS:		
Investment income:		
Net appreciation and earnings (depreciation and losses) on registered investment companies	$ 741,033	$ (1,200,297)
Interest	2,879	5,129
Total investment income (loss)	743,912	(1,195,168)
Contributions:		
Participant	223,943	239,161
Employer	56,973	64,804
Total contributions	280,916	303,965
Total additions (deductions)	1,024,828	(891,203)
DEDUCTIONS:		
Distributions to participants	92,529	148,827
Administrative expenses	7,823	8,595
Total deductions	100,352	157,422
Net increase (decrease)	924,476	(1,048,625)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	2,187,728	3,236,353
End of year	$ 3,112,204	$ 2,187,728

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

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF THE PLAN:

The following brief description of the Professional Turf Products, LP 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution plan covering all eligible employees of Professional Turf Products, LP and C & J Consulting, Inc (combined the "Company"). C & J Consulting, Inc. is a related employer that is included as a participating employer in the Plan. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code. The Plan became effective April 1, 2003, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees of the Company are eligible for participation in the Plan on the first day of the month after hire date.

Contributions

Each year, participants may make salary contributions in any percentage from 1% or 15% of eligible compensation, as defined in the Plan agreement, and subject to certain maximum limitations established by the Internal Revenue Service (IRS) ($16,500 for 2009). Employees who are eligible to make elective deferrals under the Plan and who have attained the age of fifty before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the IRS ($5,500 for 2009).

Each Plan year, the Company makes non-discretionary matching contributions. For the years ended December 31, 2009 and 2008, the Company matched 50% of each participant's deferral up to a maximum of 4% of the participant's compensation. In addition, the Company may choose to make annual discretionary profit sharing contributions in an amount to be determined at Plan year end by the Board of Directors. For the years ended December 31, 2009 and 2008, the Company made non-discretionary matching contributions of $56,973 and $64,804, respectively. There were no discretionary contributions made during the years ended December 31, 2009 and 2008. Participants may rollover amounts representing distributions from other qualified defined benefit or contribution plans. There were no rollovers for the years ended December 31, 2009 and 2008.

Payment of Benefits

Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her vested account balance, annual installment payments over a fixed number of years or may purchase a qualified annuity. If a participant's vested balance is $1,000 or less, the participant will receive a single lump sum distribution of their entire vested account balance.

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED):

Participant Accounts

Each participant's account is credited with the participant's contribution, the company's non-discretionary matching contribution, and when applicable, the Company's discretionary matching contribution and discretionary profit sharing contributions. Allocations of investment income (loss) are based on participant account balances, as defined.

Participants' Investment Options

Participants must direct their salary deferral contributions to selected investments as made available and determined by the Plan sponsor. Participants may change their investment options any time throughout the year via internet or direct phone access to Fidelity Management Trust Company ("Fidelity"), the trustee.

Forfeitures

Forfeitures represent the portion of nonvested employer contributions remaining in the Plan for terminated employees. The forfeiture allocation is applied to the employer matching contribution and to cover the costs of administration of the Plan. Amounts forfeited totaled $1,997 and $1,530 for the year ending December 31, 2009 and 2008, respectively. Plan assets included unallocated forfeitures of $10,478 and $15,431 as of December 31, 2009 and 2008, respectively. Forfeitures applied toward administrative fees totaled $7,038 and $7,625 for the years ending December 31, 2009 and 2008, respectively. No forfeitures were applied toward the employer's contributions for 2009 and 2008.

Vesting

Participants are immediately vested in their contributions and earnings thereon. Participants are vested in Company's contributions after completing years of service as follows:

Years of Service	Vesting Percentage
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Withdrawals Prior to Termination

Participants may withdrawal all or a portion of their vested account balance resulting from employer and participant contributions, in accordance with the hardship provisions of the Plan.

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED):

Loans to Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser $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 rates comparable to rates offered by commercial lending institutions. Loan terms range over a period not exceeding five years, except for loans to purchase a principal residence, which can exceed five years. Principal and interest are paid ratably through monthly payroll deductions. A participant may be granted one loan during any one year period and only one loan may be outstanding at a time.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Investment Valuation & Income Recognition

Shares of pooled separate accounts are reported at fair value based on the quoted market price of the assets which represents the net asset value of shares held by the Plan at year end. Participant loans are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is accrued on the ex-dividend date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - PARTICIPANT LOANS AND HARDSHIP WITHDRAWALS:

The plan permits loans to participants. Hardship withdrawals are allowed to the full extent allowable under law. Loans to participants are secured by account balances with interest payable at a rate of 5.75%. The total loan balances as of December 31, 2009 and 2008 are $47,275 and $40,051, respectively.

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 4 - ADMINISTRATIVE EXPENSES:

Certain administrative functions are performed by officers or employees of the Company. However, such officers and employees receive no compensation from the Plan. The Company has elected to pay substantially all costs incurred with the investment transactions and benefits and professional and administrative fees of the Plan. These expenses were $9,732 and $9,221 for the years ended December 31, 2009 and 2008, respectively. Plan participants pay the administrative fee associated with receiving and maintaining a loan.

NOTE 5 - TAX STATUS:

The Plan was adopted effective October 9, 2003. The Plan was most recently restated on September 1, 2005 on a standardized prototype document, which has received a prototype determination letter. The Internal Revenue Service has indicated an employer that adopts this plan type may rely on this letter with respect to the qualifications of its plan under code section 401(a). Therefore, the Plan Sponsor believes the Plan is in compliance with all applicable requirements of the Internal Revenue Code.

NOTE 6 - 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 entire account balance.

NOTES 7 - RISKS AND UNCERTAINTIES:

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for plan benefits.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of contributions per the financial statements to Form 5500 at December 31, 2009 and 2008:

EMPLOYER CONTRIBUTIONS:

	2009	2008
Employer contributions per the financial statements	$ 56,973	$ 64,804
Add employer contributions receivable		2,148
Employer contributions per Form 5500	$ 56,973	$ 66,952

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED):

PARTICIPANT CONTRIBUTIONS:

	2009	2008
Participant contributions per the financial statements	$ 223,943	$ 239,161
Add participant contributions receivable		8,524
Participant contributions per Form 5500	$ 223,943	$ 247,685

NOTE 9 - PLAN TERMINATIONS:

Some participants have elected to withdraw from the plan but have not been paid their balances. The amounts allocated to these previous participants totaled $319,731 and $147,271 as of December 31, 2009 and 2008, respectively.

NOTE 10 - INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY:

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by Fidelity, except for comparing such information certified by Fidelity to information included in the Plan's financial statements and supplemental schedule.

The following information included in the accompanying financial statements and supplemental schedules was obtained from the data that has been prepared and certified to as complete and accurate by the Trustee:

	2009		2008	
	Number of Shares	Fair Value	Number of Shares	Fair Value
POOLED SEPARATE ACCOUNTS:				
Fidelity Fidelity Fund	806	$ 22,828	702	$ 15,982
Fidelity Puritan Fund	6,385	102,539	4,712	61,533
Fidelity Value Strategies Fund	2,758	60,986	1,079	14,990
Fidelity Contrafund Fund	670	39,076	619	27,995
Fidelity Equity Income Fund	1,056	41,312	666	20,561
Fidelity Growth Company Fund	1,124	77,543	1,071	52,422
Fidelity Investment Grade Bond	18,479	130,089	8,548	54,281
Fidelity Intermediate Bond	20,859 *	211,719	13,291 *	120,816
Fidelity Value Fund	2,676	152,360	2,282	90,970
Fidelity OTC Portfolio	17	761	137	3,852

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 10 - INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY (CONTINUED):

	2009		2008	
	Number of Shares	Fair Value	Number of Shares	Fair Value
Fidelity Overseas Fund	2,983	$ 92,271	3,442	$ 86,331
Fidelity Real Estate Investment Portfolio	1,388	27,978	769	11,999
Fidelity Blue Chip Growth Fund	2,061	78,216	982	25,848
Fidelity Low-Priced Stock Fund	9,189 *	293,497	8,018 *	185,369
Fidelity Equity Income II Fund	1,354	22,103	1,146	15,266
Fidelity Aggressive Growth Fund	5,101	82,989	3,894	45,360
Fidelity Diversified International Fund	3,708	103,837	8,092 *	174,052
Fidelity Dividend Growth Fund	8,309 *	196,668	8,176 *	129,102
Fidelity Export & Multinational Fund	1,173	23,008	753	10,848
Fidelity Mid-Cap Stock Fund	11,706 *	274,144	12,458 *	194,473
Fidelity Large Cap Stock	4,590	68,801	184	1,839
Fidelity Freedom 2000 Fund	1,255	14,246	1,091	10,967
Fidelity Freedom 2010 Fund	10,837	135,567	9,797	101,499
Fidelity Freedom 2020 Fund	24,304 *	305,009	22,668 *	227,816
Fidelity Freedom 2030 Fund	14,652 *	181,534	13,885 *	135,518
Fidelity Small Cap Retirement Fund	3,050	47,399	964	9,977
Fidelity Short-Term Bond	743	6,171	9,474	75,413
Fidelity Fifty Fund	2,541	38,212	4,268	47,074
Fidelity Retirement Money Market Fund	95,846	95,846	115,292 *	115,292
Fidelity Freedom 2040 Fund	120	858	4,430	24,766
Fidelity Freedom 2035 Fund	5,470	56,120	4,325	34,730
Fidelity Spartan Extended Market Index	34	1,030	20	441
Fidelity Freedom 2025 Fund	872	9,064	521	4,290
Fidelity Small Cap Value Fund	995	12,613	1,014	9,448
Fidelity Freedom 2045 Fund	1,829	15,489	997	6,557
Fidelity Spartan Total Market Index	50	1,586		
Fidelity Freedom 2015 Fund	3,979	41,460		
		3,064,929		2,147,677

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 10 - INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY (CONTINUED):

	2009		2008	
	Number of Shares	Fair Value	Number of Shares	Fair Value
Participant Loans		$ 47,275		$ 40,051
Total fair value of investments		$ 3,112,204		$ 2,187,728

* - Assets representing 5% or more of net assets available for benefit.

Fidelity certified the completeness and accuracy of net appreciation in fair value of investments of $741,033 for the year ended December 31, 2009 and net depreciation in fair value of investments of $1,200,297 for the year ended December 31, 2008. Also, Fidelity certified the completeness and accuracy of interest related to the aforementioned investments in the amounts of $2,879 and $5,129 for the years ended December 31, 2009 and 2008, respectively.

NOTE 11 – SUBSEQUENT EVENTS:

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through July 14, 2010, the date which the statements were available to be issued.

SUPPLEMENTAL SCHEDULE

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

04-2093067

SCHEDULE OF ASSETS HELD FOR INVESTMENT AT END OF YEAR
ATTACHMENT TO SCHEDULE H, LINE 4i
DECEMBER 31, 2009

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	(d) Current Cost	(e) Current Value
*	Fidelity Trust Company	Fidelity Fidelity Fund		$ 22,828
*	Fidelity Trust Company	Fidelity Puritan Fund		102,539
*	Fidelity Trust Company	Fidelity Value Strategies Fund		60,986
*	Fidelity Trust Company	Fidelity Contrafund Fund		39,076
*	Fidelity Trust Company	Fidelity Equity Income Fund		41,312
*	Fidelity Trust Company	Fidelity Growth Company Fund		77,543
*	Fidelity Trust Company	Fidelity Investment Grade Bond		130,089
*	Fidelity Trust Company	Fidelity Intermediate Bond		211,719
*	Fidelity Trust Company	Fidelity Value Fund		152,360
*	Fidelity Trust Company	Fidelity OTC Portfolio		761
*	Fidelity Trust Company	Fidelity Overseas Fund		92,271
*	Fidelity Trust Company	Fidelity Real Estate Investment Portfolio		27,978
*	Fidelity Trust Company	Fidelity Blue Chip Growth Fund		78,216
*	Fidelity Trust Company	Fidelity Low-Priced Stock Fund		293,497
*	Fidelity Trust Company	Fidelity Equity Income II Fund		22,103
*	Fidelity Trust Company	Fidelity Aggressive Growth Fund		82,989
*	Fidelity Trust Company	Fidelity Diversified International Fund		103,837
*	Fidelity Trust Company	Fidelity Dividend Growth Fund		196,668
*	Fidelity Trust Company	Fidelity Export & Multinational Fund		23,008
*	Fidelity Trust Company	Fidelity Mid-Cap Stock Fund		274,144
*	Fidelity Trust Company	Fidelity Large Cap Stock		68,801
*	Fidelity Trust Company	Fidelity Freedom 2000 Fund		14,246
*	Fidelity Trust Company	Fidelity Freedom 2010 Fund		135,567
*	Fidelity Trust Company	Fidelity Freedom 2020 Fund		305,009
*	Fidelity Trust Company	Fidelity Freedom 2030 Fund		181,534
*	Fidelity Trust Company	Fidelity Small Cap Retirement Fund		47,399
*	Fidelity Trust Company	Fidelity Short-Term Bond		6,171
*	Fidelity Trust Company	Fidelity Fifty Fund		38,212
*	Fidelity Trust Company	Fidelity Retirement Money Market Fund		95,846
*	Fidelity Trust Company	Fidelity Freedom 2040 Fund		858
*	Fidelity Trust Company	Fidelity Freedom 2035 Fund		56,120
*	Fidelity Trust Company	Fidelity Spartan Extended Market Index		1,030
*	Fidelity Trust Company	Fidelity Freedom 2025 Fund		9,064

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

04-2093067

SCHEDULE OF ASSETS HELD FOR INVESTMENT AT END OF YEAR
ATTACHMENT TO SCHEDULE H, LINE 4i
DECEMBER 31, 2009

(a) Party in Interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	(d) Current Cost	(e) Current Value
*	Fidelity Trust Company	Fidelity Small Cap Value Fund		$ 12,613
*	Fidelity Trust Company	Fidelity Freedom 2045 Fund		15,489
*	Fidelity Trust Company	Fidelity Spatan Total market index		1,586
*	Fidelity Trust Company	Fidelity Freedom 2015 Fund		41,460
*	Participant Loans	Interest Rate 5.75%		47,275
	Total Investments held at year end			$ 3,112,204

Note: Column (d) is blank as all investments are participant directed.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

Number, street, and room or suite no. (If a P.O. box, see instructions)

City or town, state, and ZIP code

B **Filer's identifying number (see instructions).**

☐ Employer identification number (EIN).

☐ Social security number (SSN)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1				
2				
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until ____/____/____ to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

04-2093067

SCHEDULE OF ASSETS HELD FOR INVESTMENT AT END OF YEAR
ATTACHMENT TO SCHEDULE H, LINE 4i
DECEMBER 31, 2009

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*	Fidelity Trust Company	Fidelity Fidelity Fund		$ 22,828
*	Fidelity Trust Company	Fidelity Puritan Fund		102,539
*	Fidelity Trust Company	Fidelity Value Strategies Fund		60,986
*	Fidelity Trust Company	Fidelity Contrafund Fund		39,076
*	Fidelity Trust Company	Fidelity Equity Income Fund		41,312
*	Fidelity Trust Company	Fidelity Growth Company Fund		77,543
*	Fidelity Trust Company	Fidelity Investment Grade Bond		130,089
*	Fidelity Trust Company	Fidelity Intermediate Bond		211,719
*	Fidelity Trust Company	Fidelity Value Fund		152,360
*	Fidelity Trust Company	Fidelity OTC Portfolio		761
*	Fidelity Trust Company	Fidelity Overseas Fund		92,271
*	Fidelity Trust Company	Fidelity Real Estate Investment Portfolio		27,978
*	Fidelity Trust Company	Fidelity Blue Chip Growth Fund		78,216
*	Fidelity Trust Company	Fidelity Low-Priced Stock Fund		293,497
*	Fidelity Trust Company	Fidelity Equity Income II Fund		22,103
*	Fidelity Trust Company	Fidelity Aggressive Growth Fund		82,989
*	Fidelity Trust Company	Fidelity Diversified International Fund		103,837
*	Fidelity Trust Company	Fidelity Dividend Growth Fund		196,668
*	Fidelity Trust Company	Fidelity Export & Multinational Fund		23,008
*	Fidelity Trust Company	Fidelity Mid-Cap Stock Fund		274,144
*	Fidelity Trust Company	Fidelity Large Cap Stock		68,801
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PROFESSIONAL TURF PRODUCTS, LP 401(K) PLAN

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