Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FRITZ INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1968

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

500 N. SAM HOUSTON RD.
MESQUITE, TX 75149-2733

2b Employer Identification Number (EIN) 75-1083407

2c Sponsor's telephone number 800-955-1323

2d Business code (see instructions) 325900

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.	09/17/2010	TANAKA RUZVIDZO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2010	TANAKA RUZVIDZO
	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")
FRITZ INDUSTRIES, INC.

500 N. SAM HOUSTON RD.
MESQUITE, TX 75149-2733

3b Administrator's EIN
75-1083407

3c Administrator's telephone number
800-955-1323

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**	300
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**	242
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	48
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	290
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	290
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	248
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

A Name of plan
FRITZ INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRITZ INDUSTRIES, INC.

D Employer Identification Number (EIN)
75-1083407

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)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 37 52 59 60 63 72	NONE	3388	Yes [X] No [ ]	Yes [ ] No [X]	26164	Yes [ ] No [X]

(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
JP MORGAN RETIREMENT PLAN SERVICES	52 59 60 63	26164
(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.	
GPC SECURITIES, INC. 58-1517899	REVENUES FROM INVESTMENT FUNDS	

(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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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
FRITZ INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRITZ INDUSTRIES, INC.

D Employer Identification Number (EIN)
75-1083407

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)		
(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)	180003	204333
(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)	6245966	8629790
(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	6425969	8834123
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		9941
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	9941
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6425969	8824182

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)	1023407	
	(B) Participants	2a(1)(B)	697075	
	(C) Others (including rollovers)	2a(1)(C)	3473	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1723955
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	12186	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12186
	(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)	152811	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		152811
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1152541
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		3041493
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	629950	
	(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)		629950
f	Corrective distributions (see instructions)	2f		9941
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)	3388	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3388
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		643279
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		2398214
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: GRANT THORTON LLP **(2)** EIN: 36-6055558

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			

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
FRITZ INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRITZ INDUSTRIES, INC.

D Employer Identification Number (EIN)
75-1083407

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**

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): 06-0974148

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):

Financial Statements and Report of Independent Certified Public Accountants

Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

December 31, 2009 and 2008

Grant Thornton

Report of Independent Certified Public Accountants

Audit • Tax • Advisory

Grant Thornton LLP
1717 Main Street, Suite 1500
Dallas, TX 75201-4667

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To the Board of Directors
Fritz Industries, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust (the "Plan") as of December 31, 2009 and 2008, and the statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by JP Morgan Chase Bank N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 that the information provided to the plan administrator by the custodian 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 of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Dallas, Texas
September 13, 2010

Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

ASSETS	2009	2008
Investments, at fair value	$8,629,789	$6,245,966
Participant loans	204,333	180,003
Total	8,834,122	6,425,969
Receivables		
Employer contributions	407,605	500,000
Employee contribution	10,125	-
Total assets	9,251,852	6,925,969
LIABILITIES		
Payables		
Excess contributions	9,941	-
Total liabilities	9,941	-
Net assets available for benefits	$9,241,911	$6,925,969

The accompanying notes are an integral part of these statements.

Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2009

Investment income:	
Interest income	$ 12,185
Net appreciation in fair value of investments	1,305,352
	1,317,537
Contributions:	
Participants	707,200
Employer	931,011
Rollover	3,473
	1,641,684
Benefits paid to participants	629,950
Excess contributions	9,941
Administrative expenses	3,388
Total deductions	643,279
Net increase	2,315,942
Net assets available for benefits	
Beginning of year	6,925,969
End of year	$9,241,911

The accompanying notes are an integral part of this statement.

NOTE A - SUMMARY DESCRIPTION OF THE PLAN

The Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust (the Plan) was established by Fritz Industries, Inc. (the Company or Employer) as a defined contribution plan under Section 401(a) of the Internal Revenue Code (IRC) to provide retirement, death and disability benefits for eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Certain officers of the Company are trustees of the Plan. The following description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Eligibility

All employees who have completed three months of service with the Company are eligible to participate at the first Plan entry date, which is the first day of each calendar quarter.

Contributions

Participants may contribute up to 15% of pretax annual compensation. Such contributions are subject to certain limitations. The Plan permits the Employer to provide a matching contribution based on a percentage of each participant's contributions. The Employer may also make an additional annual profit sharing contribution at its discretion. For the year ended December 31, 2009, the Employer's matching contribution was 75% of the participant's contribution, or approximately $531,000. For the year ended December 31, 2009, the Employer made a profit sharing contribution of $400,000.

Participant Accounts

Each participant's account is credited with their individual contributions, matching Employer contributions and allocations of Plan earnings. Allocations are based on the proportion that each participant's account bears to the total of all fund balances. Participants direct their investments to any of the available investment options under the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their individual contributions and earnings thereon. Participants become 50% vested in the Employer's matching contributions and earnings thereon after two years of service and 100% vested after three years of service. Participants are 100% vested if they are employed on or after their normal retirement age.

Forfeitures

In 2009 and 2008, $39,793 and $25,283, respectively, of the non-vested portion of the terminated participant's account balances remain in the Plan as forfeitures. Forfeitures are used to pay plan expenses, or may be allocated to participants based on a formula established by management. During 2009 forfeited non-vested accounts of $40,328 were allocated to remaining participants.

NOTE A - SUMMARY DESCRIPTION OF THE PLAN – Continued

Administrative Expenses

In 2009 and 2008, substantially all Plan administrative expenses were paid directly by the Company. Certain costs and expenses incurred with regard to the purchase, sale or transfer of investments are paid by the Plan. Investment advisory fees for portfolio management are paid directly from fund earnings; they are included in mutual fund expense ratios. All other administrative expenses are paid by the Company.

Benefits

In the case of retirement due to full and permanent disability, or termination of employment, participants are able to receive the value of their vested account balances in accordance with the provisions of the Plan, in a lump-sum distribution. Participants no longer employed by the Company are allowed to remain in the Plan. The corresponding unvested portions of the participant's benefits are forfeited and are allocated as described in the preceding note on forfeitures. In the event that a participant dies before retirement, the participant's named beneficiary will receive the value of the participant's accumulated Plan benefits.

Hardship withdrawals are allowed, subject to certain limitations defined in the Plan document, to the extent vested balances exist in participants' accounts.

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 the ERISA. In the event of Plan termination, participants will become 100% vested in their account balances and Plan assets will be distributed in accordance with the Plan.

Participant Loans

Participants may borrow from their accounts subject to a minimum of $1,000. The maximum amount of any loan (when added to the outstanding balance of all prior loans) may not exceed: (1) 50% of the participant's vested account balance or (2) $50,000 of the participant's vested balance. In addition, participants may have no more than two loans outstanding at any one time. The loans are secured by the remaining balance in the participant's account and bear interest at the Prime Rate plus 1%, as published in the Wall Street Journal on the date of the loan. Rates on outstanding loans as of December 31, 2009 ranged from 4.25% to 9.25%. Loan terms are for a maximum of 5 years, unless they are residential. Principal and interest are repaid in equal installments through payroll deductions and individual repayments made by the participant. Loans are secured by the participant's remaining account balance.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting and are prepared in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Valuation of Investments and Income Recognition

The Plans' investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note H for discussion at fair value.

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements, the changes in net assets available for plan benefits during the reporting period and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities that 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The Plan does not obtain or require collateral for these investment securities.

NOTE C - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets are separately identified as follows:

	December 31, 2009
*ING Intermediate Bond	$1,125,108
*Vanguard Growth Index	991,531
*JPMorgan Liq Money Market	2,024,782
*JPMorgan Equity Index	2,080,152
*American Fund Group, LLC	667,073
*Allianz NFJ Small Cap Val Inst	585,277
Van Kamp Equity Income	19,949
Vanguard Value Index	274,154
Allianz CCM MidCap	206,531
Black Rock Small Cap Growth	436,830
Pioneer Mid Cap Value	218,402
Participant Loans	204,333
	$8,834,122

	December 31, 2008
*ING Intermediate Bond	$ 743,168
*Vanguard Growth Index	738,192
*JPMorgan Liq Money Market	1,854,243
*JPMorgan Equity Index	1,492,785
*American Fund Group, LLC	371,999
*Allianz NFJ Small Cap Val Inst	345,716
Van Kamp Equity Income	2,944
Vanguard Value Index	169,791
Allianz CCM MidCap	126,065
Black Rock Small Cap Growth	258,663
Pioneer Mid Cap Value	142,400
Participant Loans	180,003
	$6,425,969

* Denotes investments greater than 5% of Plan assets

NOTE D - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan 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, JP Morgan Chase Bank N.A. have certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

	2009	2008
Mutual funds	$8,629,789	$ 6,245,969
Participant loans	204,333	180,003
Interest income	12,185	
Net appreciation in fair value of mutual funds	1,305,352	

At the request of the Plan administrator, the Plan's independent certified public 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 schedule. All other information has been audited in accordance with auditing standards generally accepted in the United States of America.

NOTE E - TAX STATUS

The Plan sponsor adopted a prototype standardized 401(k) plan that has received an opinion letter from the Internal Revenue Service dated August 7, 2001 on the design of the prototype plan and amendments since then. The Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE F - RELATED PARTY

The Plan sponsor is responsible for the Plan's administration and Trustee expenses. Certain Plan investments are shares of mutual funds managed by JP Morgan Chase Bank N.A. or its subsidiaries, the Plan trustee. Certain fees paid to the Plan trustee for investment management services are incorporated into the expense ratios of the individual mutual funds and paid directly from fund earnings, therefore, these transactions qualify as party-in-interest transactions.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2009	2008
Net assets available for benefits per the financial statements	$9,241,911	$6,925,969
Employer contribution receivable	(407,605)	(500,000)
Employee contribution receivable	(10,125)	-
Net assets available for benefits per the Form 5500	$8,824,181	$6,425,969

The following is a reconciliation of net (decrease) increase in net assets available for benefits per the financial statements to Form 5500 at December 31:

	2009
Net increase in net assets available for benefits per the financial statements	$2,315,942
2009 Employer contribution receivable	(407,605)
2009 Employee contribution receivable	(10,125)
2008 Employer contribution receivable	500,000
Net increase in net assets available for benefits per the Form 5500	$2,398,212

NOTE H - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification ("ASC") 820 *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value, was adopted by the Plan effective January 1, 2008. 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

NOTE H - FAIR VALUE MEASUREMENTS - Continued

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Mutual Funds

Valued at the closing price reported on the active market on which the individual securities are traded.

Participant Loans

Valued at amortized cost, which approximates fair value.

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

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

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$8,629,789	$ -	$ -	$8,629,789
Participant loans	-	-	204,333	204,333
Total assets at fair value	$8,629,789	$ -	$204,333	$8,834,122

NOTE H - FAIR VALUE MEASUREMENTS - Continued

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

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$6,245,966	$ -	$ -	$6,245,966
Participant loans	-	-	180,003	180,003
Total assets at fair value	$6,245,966	$ -	$180,003	$6,425,969

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

	Level 3 Assets
	Year Ended December 31, 2009
	Participant loans
Balance, beginning of year	$180,003
Purchases, sales, issuances, adjustments, transfers and settlements (net)	24,330
Balance, end of year	$204,333

NOTE I - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events from January 1, 2010 through September 13, 2010, the date the financial statements were available to be issued, and determined there were no events that occurred that would have significantly affected the financial statements.

SUPPLEMENTAL SCHEDULE

Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

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

December 31, 2009

EIN 75-1083407
Plan # 472628-01

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(e) Current value
	ING	ING Intermediate Bond	$1,125,108
	Van Kamp	Van Kamp Equity Income	19,949
	Vanguard	Vanguard Value Index	274,154
	Allianz	Allianz CCM MidCap	206,531
	Allianz	Allianz NFJ Small Cap Value Fund	585,277
	Black Rock	Black Rock Small Cap Growth	436,830
	Vanguard	Vanguard Growth Index	991,531
	Pioneer	Pioneer Mid Cap Value	218,402
*	JPMorgan	*JPMorgan Liquid Money Market	2,024,782
*	JP Morgan	*JPMorgan Equity Index	2,080,152
	American	American Fund Group, LLC	667,073
*	Participant loans	Participant loans (interest rates range from 4.25% - 9.00%)	204,333
	Total		$8,834,122

* Indicates party-in-interest

Financial Statements and Report of Independent Certified Public Accountants

Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

December 31, 2009 and 2008

Grant Thornton

Report of Independent Certified Public Accountants

Audit • Tax • Advisory

Grant Thornton LLP
1717 Main Street, Suite 1500
Dallas, TX 75201-4667

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To the Board of Directors
Fritz Industries, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust (the "Plan") as of December 31, 2009 and 2008, and the statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by JP Morgan Chase Bank N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 that the information provided to the plan administrator by the custodian 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 of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Dallas, Texas
September 13, 2010

Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

ASSETS	2009	2008
Investments, at fair value	$8,629,789	$6,245,966
Participant loans	204,333	180,003
Total	8,834,122	6,425,969
Receivables		
Employer contributions	407,605	500,000
Employee contribution	10,125	-
Total assets	9,251,852	6,925,969
LIABILITIES		
Payables		
Excess contributions	9,941	-
Total liabilities	9,941	-
Net assets available for benefits	$9,241,911	$6,925,969

The accompanying notes are an integral part of these statements.

Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2009

Investment income:	
Interest income	$ 12,185
Net appreciation in fair value of investments	1,305,352
	1,317,537
Contributions:	
Participants	707,200
Employer	931,011
Rollover	3,473
	1,641,684
Benefits paid to participants	629,950
Excess contributions	9,941
Administrative expenses	3,388
Total deductions	643,279
Net increase	2,315,942
Net assets available for benefits	
Beginning of year	6,925,969
End of year	$9,241,911

The accompanying notes are an integral part of this statement.

NOTE A - SUMMARY DESCRIPTION OF THE PLAN

The Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust (the Plan) was established by Fritz Industries, Inc. (the Company or Employer) as a defined contribution plan under Section 401(a) of the Internal Revenue Code (IRC) to provide retirement, death and disability benefits for eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Certain officers of the Company are trustees of the Plan. The following description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Eligibility

All employees who have completed three months of service with the Company are eligible to participate at the first Plan entry date, which is the first day of each calendar quarter.

Contributions

Participants may contribute up to 15% of pretax annual compensation. Such contributions are subject to certain limitations. The Plan permits the Employer to provide a matching contribution based on a percentage of each participant's contributions. The Employer may also make an additional annual profit sharing contribution at its discretion. For the year ended December 31, 2009, the Employer's matching contribution was 75% of the participant's contribution, or approximately $531,000. For the year ended December 31, 2009, the Employer made a profit sharing contribution of $400,000.

Participant Accounts

Each participant's account is credited with their individual contributions, matching Employer contributions and allocations of Plan earnings. Allocations are based on the proportion that each participant's account bears to the total of all fund balances. Participants direct their investments to any of the available investment options under the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their individual contributions and earnings thereon. Participants become 50% vested in the Employer's matching contributions and earnings thereon after two years of service and 100% vested after three years of service. Participants are 100% vested if they are employed on or after their normal retirement age.

Forfeitures

In 2009 and 2008, $39,793 and $25,283, respectively, of the non-vested portion of the terminated participant's account balances remain in the Plan as forfeitures. Forfeitures are used to pay plan expenses, or may be allocated to participants based on a formula established by management. During 2009 forfeited non-vested accounts of $40,328 were allocated to remaining participants.

NOTE A - SUMMARY DESCRIPTION OF THE PLAN – Continued

Administrative Expenses

In 2009 and 2008, substantially all Plan administrative expenses were paid directly by the Company. Certain costs and expenses incurred with regard to the purchase, sale or transfer of investments are paid by the Plan. Investment advisory fees for portfolio management are paid directly from fund earnings; they are included in mutual fund expense ratios. All other administrative expenses are paid by the Company.

Benefits

In the case of retirement due to full and permanent disability, or termination of employment, participants are able to receive the value of their vested account balances in accordance with the provisions of the Plan, in a lump-sum distribution. Participants no longer employed by the Company are allowed to remain in the Plan. The corresponding unvested portions of the participant's benefits are forfeited and are allocated as described in the preceding note on forfeitures. In the event that a participant dies before retirement, the participant's named beneficiary will receive the value of the participant's accumulated Plan benefits.

Hardship withdrawals are allowed, subject to certain limitations defined in the Plan document, to the extent vested balances exist in participants' accounts.

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 the ERISA. In the event of Plan termination, participants will become 100% vested in their account balances and Plan assets will be distributed in accordance with the Plan.

Participant Loans

Participants may borrow from their accounts subject to a minimum of $1,000. The maximum amount of any loan (when added to the outstanding balance of all prior loans) may not exceed: (1) 50% of the participant's vested account balance or (2) $50,000 of the participant's vested balance. In addition, participants may have no more than two loans outstanding at any one time. The loans are secured by the remaining balance in the participant's account and bear interest at the Prime Rate plus 1%, as published in the Wall Street Journal on the date of the loan. Rates on outstanding loans as of December 31, 2009 ranged from 4.25% to 9.25%. Loan terms are for a maximum of 5 years, unless they are residential. Principal and interest are repaid in equal installments through payroll deductions and individual repayments made by the participant. Loans are secured by the participant's remaining account balance.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting and are prepared in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Valuation of Investments and Income Recognition

The Plans' investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note H for discussion at fair value.

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements, the changes in net assets available for plan benefits during the reporting period and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities that 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The Plan does not obtain or require collateral for these investment securities.

NOTE C - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets are separately identified as follows:

	December 31, 2009
*ING Intermediate Bond	$1,125,108
*Vanguard Growth Index	991,531
*JPMorgan Liq Money Market	2,024,782
*JPMorgan Equity Index	2,080,152
*American Fund Group, LLC	667,073
*Allianz NFJ Small Cap Val Inst	585,277
Van Kamp Equity Income	19,949
Vanguard Value Index	274,154
Allianz CCM MidCap	206,531
Black Rock Small Cap Growth	436,830
Pioneer Mid Cap Value	218,402
Participant Loans	204,333
	$8,834,122

	December 31, 2008
*ING Intermediate Bond	$ 743,168
*Vanguard Growth Index	738,192
*JPMorgan Liq Money Market	1,854,243
*JPMorgan Equity Index	1,492,785
*American Fund Group, LLC	371,999
*Allianz NFJ Small Cap Val Inst	345,716
Van Kamp Equity Income	2,944
Vanguard Value Index	169,791
Allianz CCM MidCap	126,065
Black Rock Small Cap Growth	258,663
Pioneer Mid Cap Value	142,400
Participant Loans	180,003
	$6,425,969

* Denotes investments greater than 5% of Plan assets

NOTE D - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan 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, JP Morgan Chase Bank N.A. have certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

	2009	2008
Mutual funds	$8,629,789	$ 6,245,969
Participant loans	204,333	180,003
Interest income	12,185	
Net appreciation in fair value of mutual funds	1,305,352	

At the request of the Plan administrator, the Plan's independent certified public 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 schedule. All other information has been audited in accordance with auditing standards generally accepted in the United States of America.

NOTE E - TAX STATUS

The Plan sponsor adopted a prototype standardized 401(k) plan that has received an opinion letter from the Internal Revenue Service dated August 7, 2001 on the design of the prototype plan and amendments since then. The Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE F - RELATED PARTY

The Plan sponsor is responsible for the Plan's administration and Trustee expenses. Certain Plan investments are shares of mutual funds managed by JP Morgan Chase Bank N.A. or its subsidiaries, the Plan trustee. Certain fees paid to the Plan trustee for investment management services are incorporated into the expense ratios of the individual mutual funds and paid directly from fund earnings, therefore, these transactions qualify as party-in-interest transactions.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2009	2008
Net assets available for benefits per the financial statements	$9,241,911	$6,925,969
Employer contribution receivable	(407,605)	(500,000)
Employee contribution receivable	(10,125)	-
Net assets available for benefits per the Form 5500	$8,824,181	$6,425,969

The following is a reconciliation of net (decrease) increase in net assets available for benefits per the financial statements to Form 5500 at December 31:

	2009
Net increase in net assets available for benefits per the financial statements	$2,315,942
2009 Employer contribution receivable	(407,605)
2009 Employee contribution receivable	(10,125)
2008 Employer contribution receivable	500,000
Net increase in net assets available for benefits per the Form 5500	$2,398,212

NOTE H - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification ("ASC") 820 *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value, was adopted by the Plan effective January 1, 2008. 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

NOTE H - FAIR VALUE MEASUREMENTS - Continued

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Mutual Funds

Valued at the closing price reported on the active market on which the individual securities are traded.

Participant Loans

Valued at amortized cost, which approximates fair value.

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

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

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$8,629,789	$ -	$ -	$8,629,789
Participant loans	-	-	204,333	204,333
Total assets at fair value	$8,629,789	$ -	$204,333	$8,834,122

NOTE H - FAIR VALUE MEASUREMENTS - Continued

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

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$6,245,966	$ -	$ -	$6,245,966
Participant loans	-	-	180,003	180,003
Total assets at fair value	$6,245,966	$ -	$180,003	$6,425,969

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

	Level 3 Assets
	Year Ended December 31, 2009
	Participant loans
Balance, beginning of year	$180,003
Purchases, sales, issuances, adjustments, transfers and settlements (net)	24,330
Balance, end of year	$204,333

NOTE I - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events from January 1, 2010 through September 13, 2010, the date the financial statements were available to be issued, and determined there were no events that occurred that would have significantly affected the financial statements.

SUPPLEMENTAL SCHEDULE

Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

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

December 31, 2009

EIN 75-1083407
Plan # 472628-01

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(e) Current value
	ING	ING Intermediate Bond	$1,125,108
	Van Kamp	Van Kamp Equity Income	19,949
	Vanguard	Vanguard Value Index	274,154
	Allianz	Allianz CCM MidCap	206,531
	Allianz	Allianz NFJ Small Cap Value Fund	585,277
	Black Rock	Black Rock Small Cap Growth	436,830
	Vanguard	Vanguard Growth Index	991,531
	Pioneer	Pioneer Mid Cap Value	218,402
*	JPMorgan	*JPMorgan Liquid Money Market	2,024,782
*	JP Morgan	*JPMorgan Equity Index	2,080,152
	American	American Fund Group, LLC	667,073
*	Participant loans	Participant loans (interest rates range from 4.25% - 9.00%)	204,333
	Total		$8,834,122

* Indicates party-in-interest