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;
- [ ] 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
G. A. BRAUN, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/1966

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

PO BOX 3029
SYRACUSE, NY 13220-3029

79 GENERAL IRWIN BLVD.
N. SYRACUSE, NY 13212

2b Employer Identification Number (EIN)
15-0508635

2c Sponsor's telephone number
315-475-3123

2d Business code (see instructions)
333200

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.	09/15/2010	JOEL F. GRAHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2010	JOEL F. GRAHAM
	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")

G. A. BRAUN, INC.

PO BOX 3029
SYRACUSE, NY 13220-3029

3b Administrator's EIN
15-0508635

3c Administrator's telephone number
315-475-3123

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**	221
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**	147
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	61
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	208
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	208
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	184
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 2S 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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
G. A. BRAUN, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
G. A. BRAUN, INC.

D Employer Identification Number (EIN)
15-0508635

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE & ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	GH1827	184	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
17708	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BENEFIT CONSULTING GROUP LLC
5232 WITZ DRIVE
N. SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17708			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1782865
5	Current value of plan's interest under this contract in separate accounts at year end	5	4963582

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	1979628
c	Additions: (1) Contributions deposited during the year	7c(1)	614054		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	64320		
	(4) Transferred from separate account	7c(4)	207215		
	(5) Other (specify below)	7c(5)	76981		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	962570
d	Total of balance and additions (add **b** and **c(6)**)			7d	2942198
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	443467		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	690625		
	(4) Other (specify below)	7e(4)	25786		
	▶ LOAN DISBURSEMENTS				
	(5) Total deductions			7e(5)	1159878
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1782320

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
G. A. BRAUN, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
G. A. BRAUN, INC.

D Employer Identification Number (EIN)
15-0508635

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ING LIFE INSURANCE AND ANNUITY CO.
PO BOX 990067
HARTFORD, CT 06199-0067

71-0294708

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
G. A. BRAUN, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
G. A. BRAUN, INC.

D Employer Identification Number (EIN)
15-0508635

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	4963582

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
G. A. BRAUN, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
G. A. BRAUN, INC.

D Employer Identification Number (EIN)
15-0508635

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)	12012	3622
(2) Participant contributions	1b(2)		7457
(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)	62052	54115
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3384204	4963582
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1979628	1782320
(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	5437896	6811096
	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	5437896	6811096

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)	82841	
	(B) Participants	2a(1)(B)	525638	
	(C) Others (including rollovers)	2a(1)(C)	55817	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		664296
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64320	
	(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)	3704	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		68024
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		1095967
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1828287
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	443468	
(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)		443468
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		11619
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		455087
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1373200
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: DANNIBLE & MCKEE, LLP'S (2) EIN: 33-0996661

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
G. A. BRAUN, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
G. A. BRAUN, INC.

D Employer Identification Number (EIN)
15-0508635

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): 71-0294708

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):

G.A. BRAUN, INC.
PROFIT SHARING AND
401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS

AND

SUPPLEMENTAL SCHEDULE

* * *

DECEMBER 31, 2009 AND 2008

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DANNIBLE & MCKEE, LLP
Certified Public Accountants and Consultants
Financial Plaza, 221 S. Warren St., Syracuse, New York 13202-1628
(315) 472-9127 Fax (315) 472-0026

Independent Auditor's Report

August 11, 2010

To the Participants, Plan Administrator and Trustees of the
G.A. Braun, Inc. Profit Sharing and 401(k) Retirement Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the G.A. Braun, Inc. Profit Sharing and 401(k) Retirement Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and 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 5, which was certified by ING Life Insurance and Annuity Company, 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 Custodian as of December 31, 2009 and 2008, and for the years then ended, 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 Custodian, 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.

Dannible + McKee, LLP

Dannible & McKee, LLP
Syracuse, New York

G.A. BRAUN, INC.

PROFIT SHARING AND 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
Assets	2009	2008
Investments at fair value (Notes 1, 2, 5, 6 and 7)	$ 6,746,447	$ 5,420,101
Participant loans (Notes 1 and 6)	54,115	62,052
Total plan investments	6,800,562	5,482,153
Employer contributions receivable (Note 1)	3,622	12,012
Participant contributions receivable (Note 1)	7,457	-
Total assets	6,811,641	5,494,165
Liabilities		
Excess contributions payable (Note 9)	1,024	-
Net assets available for benefits at fair value	6,810,617	5,494,165
Adjustment from fair value to contract value for fully benefit-responsive investment contracts (Notes 2 and 7)	(545)	(56,269)
Net assets available for benefits	$ 6,810,072	$ 5,437,896

See accompanying notes to financial statements.

G.A. BRAUN, INC.

PROFIT SHARING AND 401(k) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2009	2008
Additions to net assets attributed to:-		
Investment income (Notes 2 and 5):		
Net appreciation in fair value of investments	$ 1,095,967	$ -
Interest received on general accounts	64,320	69,123
Interest received on participant loans	3,704	2,840
Total investment income	1,163,991	71,963
Contributions (Note 1):		
Participant contributions	525,638	583,696
Employer contributions	82,841	96,661
Rollover contributions	55,817	1,272
Total contributions	664,296	681,629
Total additions	1,828,287	753,592
Deductions from net assets attributed to:		
Net depreciation in fair value of investments (Notes 2 and 5)	-	2,098,626
Benefit payments (Notes 1 and 2)	443,468	796,547
Corrective distributions (Note 9)	1,024	-
Deemed distributions of participant loans (Note 1)	11,619	-
Total deductions	456,111	2,895,173
Net increase (decrease)	1,372,176	(2,141,581)
Net assets available for benefits:		
Beginning of year	5,437,896	7,579,477
End of year	$ 6,810,072	$ 5,437,896

See accompanying notes to financial statements.

G.A. BRAUN, INC.

PROFIT SHARING AND 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of plan

The following description of G.A. Braun, Inc. (the "Company") Profit Sharing and 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a qualified defined-contribution profit sharing plan under Section 401(a) of the Internal Revenue Code, with a Section 401(k) salary deferral provision. Employees are eligible to participate in the salary deferral, employer-matching portion of the Plan and the employer discretionary profit sharing contributions on the first day of the quarter, ninety days after their date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions - Participants are allowed to make elective 401(k) salary deferrals, including up to 100% of any cash bonus earned, to the Plan. Participants who meet certain age requirements are allowed to make catch-up elective deferrals. Participants' deferrals are subject to the maximum amounts allowable under the Internal Revenue Code ("IRC"). Rollover and transfer contributions from other plans are permitted.

The Company is allowed to make discretionary matching contributions as a percentage of participants' elective salary deferral contributions and can also make additional discretionary contributions on an integrated allocation formula. All company contributions are determined by the Board of Directors of the Company.

Participant accounts - Each participant's account is credited with the participant's elective salary deferral contribution plus any company discretionary matching contribution and an allocation of (a) the Company's discretionary contribution, (b) plan earnings, and (c) forfeitures of terminated participants' nonvested amounts. Allocations are based on participants' compensation or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting - Participants are always 100% vested in their elective salary deferral and rollover contributions. Vesting in the remainder of their account is based on years of continuous service. A participant in the Plan becomes 100% vested in any company discretionary matching and/or discretionary contributions after three years of credited service. Forfeitures of terminated participants' nonvested account balances to be allocated back to the remaining participants at December 31, 2009 and 2008, totaled $1,429 and $4,642, respectively.

Investment options - Upon enrollment in the Plan, a participant may direct contributions to any of the twenty investment options. Participants may change their investment options daily through online media.

Payment of benefits - Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the vested value of his or her account or annual instalments over a period selected by the participant, which may not exceed the participant's life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Deemed distributions - Deemed distributions represent the amount of unpaid principal on participant loans for participants who are actively participating in the Plan and have not continued to make payments on the outstanding loans as required under the participant loan program.

Participant loans - Participants may borrow, from their accounts, a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans bear interest at prime plus 1.00% from the date of issuance; however, the rate can be changed at the discretion of the plan administrator. Interest rates range from 4.25% to 9.50%. The loans are secured by the balance in the participant's account.

Hardship withdrawals - A participant may apply for a hardship withdrawal to assist in the payment of several types of personal hardships, as defined by the Plan agreement. However, a participant must first take any other available distribution and borrow the maximum amount allowed by the Plan agreement. Any hardship distribution is limited to the amount necessary to meet the financial need and must be approved by the plan administrator. Such withdrawals will suspend the participant's right to make elective salary deferrals to the Plan for one year.

Plan termination - Although it has not expressed any intent to do so, the Company has the right, under the Plan agreement, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Subsequent events - Management has evaluated subsequent events through August 11, 2010, the date which the financial statements were available for issue. There have been no subsequent events that would require disclosure or adjustment to the financial statements.

Note 2 - Summary of accounting policies

Method of accounting - The Plan maintains its accounting records and financial statements on the accrual method of accounting.

The Financial Accounting Standards Board ("FASB") issued authoritative guidance regarding accounting for fully benefit-responsive investment contracts held by certain investment companies, which defines the circumstances in which an investment contract is considered fully benefit-responsive and provides certain reporting and disclosure requirements for fully benefit-responsive investment contracts in defined-contribution, health and welfare and pension plans. As described in the authoritative guidance, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of their plan. As required, the statements of net assets available for benefits presents the

fair value of the investment contract, as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Risks and uncertainties - The Plan provides for various investment options in stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Furthermore, the Plan holds investment securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations, and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances, as well as the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Investment valuation and income recognition - Investments are stated at fair market value (See Note 6). All fair market values have been determined by ING Life Insurance and Annuity Company ("ING"), the Custodian of the Plan (See Note 5). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Economic dependency and concentration of credit risk - Approximately 53% and 60% of the Plan's investments are invested with ING and approximately 18% and 15% are invested with Fidelity Investments at December 31, 2009 and 2008, respectively. Accordingly, the Plan is dependent upon the financial condition of ING and Fidelity Investments.

Administrative costs - Administrative costs, including maintaining participants' accounts, legal costs, and accounting costs are the obligation of the Plan; however, the plan sponsor may pay for such expenses or reimburse the Plan for any payment of these expenses. Costs of managing the investments are paid directly out of the Plan's assets.

Payment of benefits - Benefits are recorded as paid.

Note 3 - Plan amendments

Effective January 1, 2008, the Plan was amended and restated to adopt the Benefit Consulting Group, LLC Prototype Defined Contribution Plan in order to comply with the provision of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) and to add an automatic enrollment feature.

Effective January 1, 2009, CNY Fabrication, LLC became a participating employer in the Plan.

Note 4 - Tax status of plan

The Internal Revenue Service has ruled that the prototype plan of Benefit Consulting Group, LLC is acceptable under Section 401(a) of the Internal Revenue Code, and a separate determination letter has not been obtained for the Plan. The management of the Company and the plan administrator are not aware of any matters that would disqualify the Plan. Accordingly, the Plan has been accounted for as a tax-exempt plan.

In June 2006, the FASB issued authoritative guidance regarding accounting for uncertainty in income taxes, which became effective for fiscal years beginning after December 15, 2008. The Plan has reviewed its operations for uncertain tax positions and believes there are no significant exposures. The Plan will include penalties and interest on income tax liabilities in administrative expenses if such amounts arise. The Plan did not incur any penalties and/or interest for the year ended December 31, 2009. The Plan is no longer subject to regulatory examinations by tax authorities for the closed tax years before 2006.

Note 5 - Investments

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, ING, the Plan's custodian, has certified that the trusteed investments and investment income included in the accompanying financial statements as of and for the years ended December 31, 2009 and 2008, and supplemental schedule as of December 31, 2009, are complete and accurate. Furthermore, the Plan's independent accountants did not perform auditing procedures with respect to this information, except to compare such information to the related information included in the financial statements and supplemental schedule. Individual investments held that are 5% ($340,513 for 2009 and $271,895 for 2008) or more of the Plan's net assets are identified below.

	December 31,	
	2009	2008
Investments, at fair value:		
Guaranteed investment contract:		
ING Fixed Income Account Fund	$ 1,782,865	$ 2,035,897
ING Life Insurance and Annuity Company pooled separate accounts:		
The Growth Fund of America	666,714	466,941
Fidelity VIP Equity Income Portfolio	625,599	446,774
Fidelity VIP Growth Portfolio	605,132	392,506
ING T. Rowe Price Capital Appreciation Fund	463,304	317,989
Europacific Growth Fund	303,986	211,896
New Perspective Fund	335,558	210,704
ING Solution 2025 Portfolio	249,950	207,839
VP Intermediate Bond Portfolio	247,008	185,330
Lord Abbett Small Cap Value Fund	189,495	177,868
ING Baron Small Cap Growth Fund	183,917	112,151
VP Index Plus Mid Cap Portfolio	173,461	116,410
ING Stock Index Portfolio Fund	170,551	103,467
RiverSource Mid Cap Value Fund	145,721	87,263
ING Solution 2035 Portfolio	125,923	42,513
Eaton Vance Large Cap Value Fund	122,615	84,021
ING Solution 2015 Portfolio	109,248	83,041
Baron Asset Fund	96,678	66,803
ING Solution 2045 Portfolio	82,909	27,540
Pioneer Fund	65,813	39,716
ING Solution Income Portfolio	-	3,432
Total pooled separate accounts	4,963,582	3,384,204
Total investments	$ 6,746,447	$ 5,420,101

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	Year ended December 31,	
	2009	2008
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 1,095,967	$ (2,098,626)
Interest received on general accounts	64,320	69,123
Total investment income	$ 1,160,287	$ (2,029,503)

Note 6 - Fair value measurements

The FASB has published authoritative guidance on fair value measurements, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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 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 the Plan's assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Guaranteed Investment Contracts - Valued based upon discounting the related cash flows based on current yields of similar instruments with comparable durations (Level 2).

Pooled Separate Accounts - Pooled separate accounts invest directly in designated mutual funds or, in some cases, collective investment trusts. The separate account owns and holds the underlying mutual fund or collective trust shares which are valued daily at their net asset value. Plans and participants hold "units of participation" in the separate account. The "accumulation unit value" is the value of each unit in the separate account and is determined based on a combination of the fund's net asset value, the fund's dividends, and the contract's separate account charges (Level 2).

Participant Loans - Valued at amortized cost, which approximates fair value (Level 3).

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

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract	$ -	$ 1,782,865	$ -	$ 1,782,865
Pooled separate accounts	-	4,963,582	-	4,963,582
Participant loans	-	-	54,115	54,115
Total assets at fair value	$ -	$ 6,746,447	$ 54,115	$ 6,800,562

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract	$ -	$ 2,035,897	$ -	$ 2,035,897
Pooled separate accounts	-	3,384,204	-	3,384,204
Participant loans	-	-	62,052	62,052
Total assets at fair value	$ -	$ 5,420,101	$ 62,052	$ 5,482,153

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	Year ended December 31,	
	2009	2008
Balance, beginning of year	$ 62,052	$ 27,856
Purchases, sales, issuances and settlements, net	(7,937)	34,196
Balance, end of year	$ 54,115	$ 62,052

Note 7 - Investment contract with insurance company

The Plan maintains one guaranteed investment contract, the ING Fixed Income Account Fund. ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by ING. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by ING, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008, was $1,782,865 and $2,035,897, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%, and is reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with its participants are probable of occurring.

The guaranteed investment contract does not permit ING to terminate the agreement prior to the scheduled maturity date.

Average Yields:	2009	2008
Based on actual earnings	3.3%	3.7%
Based on interest rate credited to participants	3.3%	3.7%

Note 8 - Related party transactions

ING provides investment custodian services and Benefit Consulting Group, LLC provides third party administrative services to the Plan. These transactions qualify as party-in-interest transactions. The investment fees paid for ING's services are included in net appreciation (depreciation) in fair value of investments on the accompanying statements of changes in net assets available for benefits. The third party administrative services fees paid to Benefit Consulting Group, LLC were paid by the plan sponsor for the years ended December 31, 2009 and 2008, as described in Note 2.

Note 9 - Reconciliation of the financial statements to Form 5500

Excess contributions payable represents excess 401(k) contributions received from certain participants during 2009, which were returned to them in 2010 as corrective distributions, as required to satisfy the relevant nondiscrimination provisions of the Plan. Corrective distributions are recorded in the financial statements in the plan year that the contributions are determined to be excess contributions. Corrective distributions are recorded on Form 5500 in the plan year they are paid.

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	December 31,	
	2009	2008
Net assets available for benefits per the financial statements	$ 6,810,072	$ 5,437,896
Add - Excess contributions payable	1,024	-
Net assets available for benefits per Form 5500, Part I, Line 11	$ 6,811,096	$ 5,437,896

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

	Year ended December 31,	
	2009	2008
Net increase (decrease) per the financial statements	$ 1,372,176	$ (2,141,581)
Add - Corrective distributions	1,024	-
Net increase (decrease) per Form 5500, Part II, Line 2k	$ 1,373,200	$ (2,141,581)

SUPPLEMENTAL SCHEDULE

G.A. BRAUN, INC.

PROFIT SHARING AND 401(k) RETIREMENT PLAN

EIN# 15-0508635

PLAN #001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Required Disclosure of Schedule H; Line 4i on Form 5500)

DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	ING Life Insurance & Annuity Co.	General Accounts, Fixed Income Account Fund	$ -	$ 1,782,320**
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, VP Intermediate Bond Portfolio	-	247,008
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, VP Index Plus Mid Cap Portfolio	-	173,461
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Lord Abbett Small-Cap Value Fund	-	189,495
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, New Perspective Fund	-	335,558
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Fidelity VIP Growth Portfolio	-	605,132
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Fidelity VIP Equity Income Portfolio	-	625,599
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Baron Small Cap Growth Fund	-	183,917
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, The Growth Fund of America	-	666,714
*	ING Life Insurance & Annuity Co	Pooled Separate Accounts, Europacific Growth Fund	-	303,986
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING T. Rowe Price Capital Appreciation Fund	-	463,304
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Stock Index Portfolio Fund	-	170,551
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Eaton Vance Large-Cap Value Fund	-	122,615
*	ING Life Insurance & Annuity Co	Pooled Separate Accounts, Baron Asset Fund	-	96,678
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Pioneer Fund	-	65,813
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, RiverSource Mid-Cap Value Fund	-	145,721
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Solution 2015 Portfolio	-	109,248
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Solution 2025 Portfolio	-	249,950
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Solution 2035 Portfolio	-	125,923
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Solution 2045 Portfolio	-	82,909
*	Participant loans	Participant loans with interest at 4.25% - 9.50%	-	54,115
			$ -	$ 6,800,017

* Party-in-interest as defined by ERISA.
** Stated at contract value.

G.A. BRAUN, INC.
PROFIT SHARING AND
401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS

AND

SUPPLEMENTAL SCHEDULE

* * *

DECEMBER 31, 2009 AND 2008

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DANNIBLE & MCKEE, LLP
Certified Public Accountants and Consultants
Financial Plaza, 221 S. Warren St., Syracuse, New York 13202-1628
(315) 472-9127 Fax (315) 472-0026

Independent Auditor's Report

August 11, 2010

To the Participants, Plan Administrator and Trustees of the
G.A. Braun, Inc. Profit Sharing and 401(k) Retirement Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the G.A. Braun, Inc. Profit Sharing and 401(k) Retirement Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and 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 5, which was certified by ING Life Insurance and Annuity Company, 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 Custodian as of December 31, 2009 and 2008, and for the years then ended, 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 Custodian, 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.

Dannible + McKee, LLP

Dannible & McKee, LLP
Syracuse, New York

G.A. BRAUN, INC.

PROFIT SHARING AND 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
Assets	2009	2008
Investments at fair value (Notes 1, 2, 5, 6 and 7)	$ 6,746,447	$ 5,420,101
Participant loans (Notes 1 and 6)	54,115	62,052
Total plan investments	6,800,562	5,482,153
Employer contributions receivable (Note 1)	3,622	12,012
Participant contributions receivable (Note 1)	7,457	-
Total assets	6,811,641	5,494,165
Liabilities		
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G.A. BRAUN, INC.

PROFIT SHARING AND 401(k) RETIREMENT PLAN

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	Year ended December 31,	
	2009	2008
Additions to net assets attributed to:-		
Investment income (Notes 2 and 5):		
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See accompanying notes to financial statements.

G.A. BRAUN, INC.

PROFIT SHARING AND 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of plan

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Contributions - Participants are allowed to make elective 401(k) salary deferrals, including up to 100% of any cash bonus earned, to the Plan. Participants who meet certain age requirements are allowed to make catch-up elective deferrals. Participants' deferrals are subject to the maximum amounts allowable under the Internal Revenue Code ("IRC"). Rollover and transfer contributions from other plans are permitted.

The Company is allowed to make discretionary matching contributions as a percentage of participants' elective salary deferral contributions and can also make additional discretionary contributions on an integrated allocation formula. All company contributions are determined by the Board of Directors of the Company.

Participant accounts - Each participant's account is credited with the participant's elective salary deferral contribution plus any company discretionary matching contribution and an allocation of (a) the Company's discretionary contribution, (b) plan earnings, and (c) forfeitures of terminated participants' nonvested amounts. Allocations are based on participants' compensation or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting - Participants are always 100% vested in their elective salary deferral and rollover contributions. Vesting in the remainder of their account is based on years of continuous service. A participant in the Plan becomes 100% vested in any company discretionary matching and/or discretionary contributions after three years of credited service. Forfeitures of terminated participants' nonvested account balances to be allocated back to the remaining participants at December 31, 2009 and 2008, totaled $1,429 and $4,642, respectively.

Investment options - Upon enrollment in the Plan, a participant may direct contributions to any of the twenty investment options. Participants may change their investment options daily through online media.

Payment of benefits - Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the vested value of his or her account or annual instalments over a period selected by the participant, which may not exceed the participant's life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Deemed distributions - Deemed distributions represent the amount of unpaid principal on participant loans for participants who are actively participating in the Plan and have not continued to make payments on the outstanding loans as required under the participant loan program.

Participant loans - Participants may borrow, from their accounts, a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans bear interest at prime plus 1.00% from the date of issuance; however, the rate can be changed at the discretion of the plan administrator. Interest rates range from 4.25% to 9.50%. The loans are secured by the balance in the participant's account.

Hardship withdrawals - A participant may apply for a hardship withdrawal to assist in the payment of several types of personal hardships, as defined by the Plan agreement. However, a participant must first take any other available distribution and borrow the maximum amount allowed by the Plan agreement. Any hardship distribution is limited to the amount necessary to meet the financial need and must be approved by the plan administrator. Such withdrawals will suspend the participant's right to make elective salary deferrals to the Plan for one year.

Plan termination - Although it has not expressed any intent to do so, the Company has the right, under the Plan agreement, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Subsequent events - Management has evaluated subsequent events through August 11, 2010, the date which the financial statements were available for issue. There have been no subsequent events that would require disclosure or adjustment to the financial statements.

Note 2 - Summary of accounting policies

Method of accounting - The Plan maintains its accounting records and financial statements on the accrual method of accounting.

The Financial Accounting Standards Board ("FASB") issued authoritative guidance regarding accounting for fully benefit-responsive investment contracts held by certain investment companies, which defines the circumstances in which an investment contract is considered fully benefit-responsive and provides certain reporting and disclosure requirements for fully benefit-responsive investment contracts in defined-contribution, health and welfare and pension plans. As described in the authoritative guidance, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of their plan. As required, the statements of net assets available for benefits presents the

fair value of the investment contract, as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Risks and uncertainties - The Plan provides for various investment options in stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Furthermore, the Plan holds investment securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations, and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances, as well as the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Investment valuation and income recognition - Investments are stated at fair market value (See Note 6). All fair market values have been determined by ING Life Insurance and Annuity Company ("ING"), the Custodian of the Plan (See Note 5). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Economic dependency and concentration of credit risk - Approximately 53% and 60% of the Plan's investments are invested with ING and approximately 18% and 15% are invested with Fidelity Investments at December 31, 2009 and 2008, respectively. Accordingly, the Plan is dependent upon the financial condition of ING and Fidelity Investments.

Administrative costs - Administrative costs, including maintaining participants' accounts, legal costs, and accounting costs are the obligation of the Plan; however, the plan sponsor may pay for such expenses or reimburse the Plan for any payment of these expenses. Costs of managing the investments are paid directly out of the Plan's assets.

Payment of benefits - Benefits are recorded as paid.

Note 3 - Plan amendments

Effective January 1, 2008, the Plan was amended and restated to adopt the Benefit Consulting Group, LLC Prototype Defined Contribution Plan in order to comply with the provision of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) and to add an automatic enrollment feature.

Effective January 1, 2009, CNY Fabrication, LLC became a participating employer in the Plan.

Note 4 - Tax status of plan

The Internal Revenue Service has ruled that the prototype plan of Benefit Consulting Group, LLC is acceptable under Section 401(a) of the Internal Revenue Code, and a separate determination letter has not been obtained for the Plan. The management of the Company and the plan administrator are not aware of any matters that would disqualify the Plan. Accordingly, the Plan has been accounted for as a tax-exempt plan.

In June 2006, the FASB issued authoritative guidance regarding accounting for uncertainty in income taxes, which became effective for fiscal years beginning after December 15, 2008. The Plan has reviewed its operations for uncertain tax positions and believes there are no significant exposures. The Plan will include penalties and interest on income tax liabilities in administrative expenses if such amounts arise. The Plan did not incur any penalties and/or interest for the year ended December 31, 2009. The Plan is no longer subject to regulatory examinations by tax authorities for the closed tax years before 2006.

Note 5 - Investments

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, ING, the Plan's custodian, has certified that the trusteed investments and investment income included in the accompanying financial statements as of and for the years ended December 31, 2009 and 2008, and supplemental schedule as of December 31, 2009, are complete and accurate. Furthermore, the Plan's independent accountants did not perform auditing procedures with respect to this information, except to compare such information to the related information included in the financial statements and supplemental schedule. Individual investments held that are 5% ($340,513 for 2009 and $271,895 for 2008) or more of the Plan's net assets are identified below.

	December 31,	
	2009	2008
Investments, at fair value:		
Guaranteed investment contract:		
ING Fixed Income Account Fund	$ 1,782,865	$ 2,035,897
ING Life Insurance and Annuity Company pooled separate accounts:		
The Growth Fund of America	666,714	466,941
Fidelity VIP Equity Income Portfolio	625,599	446,774
Fidelity VIP Growth Portfolio	605,132	392,506
ING T. Rowe Price Capital Appreciation Fund	463,304	317,989
Europacific Growth Fund	303,986	211,896
New Perspective Fund	335,558	210,704
ING Solution 2025 Portfolio	249,950	207,839
VP Intermediate Bond Portfolio	247,008	185,330
Lord Abbett Small Cap Value Fund	189,495	177,868
ING Baron Small Cap Growth Fund	183,917	112,151
VP Index Plus Mid Cap Portfolio	173,461	116,410
ING Stock Index Portfolio Fund	170,551	103,467
RiverSource Mid Cap Value Fund	145,721	87,263
ING Solution 2035 Portfolio	125,923	42,513
Eaton Vance Large Cap Value Fund	122,615	84,021
ING Solution 2015 Portfolio	109,248	83,041
Baron Asset Fund	96,678	66,803
ING Solution 2045 Portfolio	82,909	27,540
Pioneer Fund	65,813	39,716
ING Solution Income Portfolio	-	3,432
Total pooled separate accounts	4,963,582	3,384,204
Total investments	$ 6,746,447	$ 5,420,101

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	Year ended December 31,	
	2009	2008
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 1,095,967	$ (2,098,626)
Interest received on general accounts	64,320	69,123
Total investment income	$ 1,160,287	$ (2,029,503)

Note 6 - Fair value measurements

The FASB has published authoritative guidance on fair value measurements, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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 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 the Plan's assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Guaranteed Investment Contracts - Valued based upon discounting the related cash flows based on current yields of similar instruments with comparable durations (Level 2).

Pooled Separate Accounts - Pooled separate accounts invest directly in designated mutual funds or, in some cases, collective investment trusts. The separate account owns and holds the underlying mutual fund or collective trust shares which are valued daily at their net asset value. Plans and participants hold "units of participation" in the separate account. The "accumulation unit value" is the value of each unit in the separate account and is determined based on a combination of the fund's net asset value, the fund's dividends, and the contract's separate account charges (Level 2).

Participant Loans - Valued at amortized cost, which approximates fair value (Level 3).

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

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract	$ -	$ 1,782,865	$ -	$ 1,782,865
Pooled separate accounts	-	4,963,582	-	4,963,582
Participant loans	-	-	54,115	54,115
Total assets at fair value	$ -	$ 6,746,447	$ 54,115	$ 6,800,562

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract	$ -	$ 2,035,897	$ -	$ 2,035,897
Pooled separate accounts	-	3,384,204	-	3,384,204
Participant loans	-	-	62,052	62,052
Total assets at fair value	$ -	$ 5,420,101	$ 62,052	$ 5,482,153

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	Year ended December 31,	
	2009	2008
Balance, beginning of year	$ 62,052	$ 27,856
Purchases, sales, issuances and settlements, net	(7,937)	34,196
Balance, end of year	$ 54,115	$ 62,052

Note 7 - Investment contract with insurance company

The Plan maintains one guaranteed investment contract, the ING Fixed Income Account Fund. ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by ING. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by ING, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008, was $1,782,865 and $2,035,897, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%, and is reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with its participants are probable of occurring.

The guaranteed investment contract does not permit ING to terminate the agreement prior to the scheduled maturity date.

Average Yields:	2009	2008
Based on actual earnings	3.3%	3.7%
Based on interest rate credited to participants	3.3%	3.7%

Note 8 - Related party transactions

ING provides investment custodian services and Benefit Consulting Group, LLC provides third party administrative services to the Plan. These transactions qualify as party-in-interest transactions. The investment fees paid for ING's services are included in net appreciation (depreciation) in fair value of investments on the accompanying statements of changes in net assets available for benefits. The third party administrative services fees paid to Benefit Consulting Group, LLC were paid by the plan sponsor for the years ended December 31, 2009 and 2008, as described in Note 2.

Note 9 - Reconciliation of the financial statements to Form 5500

Excess contributions payable represents excess 401(k) contributions received from certain participants during 2009, which were returned to them in 2010 as corrective distributions, as required to satisfy the relevant nondiscrimination provisions of the Plan. Corrective distributions are recorded in the financial statements in the plan year that the contributions are determined to be excess contributions. Corrective distributions are recorded on Form 5500 in the plan year they are paid.

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	December 31,	
	2009	2008
Net assets available for benefits per the financial statements	$ 6,810,072	$ 5,437,896
Add - Excess contributions payable	1,024	-
Net assets available for benefits per Form 5500, Part I, Line 11	$ 6,811,096	$ 5,437,896

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

	Year ended December 31,	
	2009	2008
Net increase (decrease) per the financial statements	$ 1,372,176	$ (2,141,581)
Add - Corrective distributions	1,024	-
Net increase (decrease) per Form 5500, Part II, Line 2k	$ 1,373,200	$ (2,141,581)

SUPPLEMENTAL SCHEDULE

G.A. BRAUN, INC.

PROFIT SHARING AND 401(k) RETIREMENT PLAN

EIN# 15-0508635

PLAN #001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Required Disclosure of Schedule H; Line 4i on Form 5500)

DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	ING Life Insurance & Annuity Co.	General Accounts, Fixed Income Account Fund	$ -	$ 1,782,320**
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, VP Intermediate Bond Portfolio	-	247,008
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, VP Index Plus Mid Cap Portfolio	-	173,461
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Lord Abbett Small-Cap Value Fund	-	189,495
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, New Perspective Fund	-	335,558
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Fidelity VIP Growth Portfolio	-	605,132
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Fidelity VIP Equity Income Portfolio	-	625,599
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Baron Small Cap Growth Fund	-	183,917
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, The Growth Fund of America	-	666,714
*	ING Life Insurance & Annuity Co	Pooled Separate Accounts, Europacific Growth Fund	-	303,986
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING T. Rowe Price Capital Appreciation Fund	-	463,304
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Stock Index Portfolio Fund	-	170,551
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Eaton Vance Large-Cap Value Fund	-	122,615
*	ING Life Insurance & Annuity Co	Pooled Separate Accounts, Baron Asset Fund	-	96,678
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, Pioneer Fund	-	65,813
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, RiverSource Mid-Cap Value Fund	-	145,721
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Solution 2015 Portfolio	-	109,248
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Solution 2025 Portfolio	-	249,950
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Solution 2035 Portfolio	-	125,923
*	ING Life Insurance & Annuity Co.	Pooled Separate Accounts, ING Solution 2045 Portfolio	-	82,909
*	Participant loans	Participant loans with interest at 4.25% - 9.50%	-	54,115
			$ -	$ 6,800,017

* Party-in-interest as defined by ERISA.
** Stated at contract value.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name G. A. Braun, Inc. Profit Sharing & 401(k) Retirement Plan **EIN:** 15-0508635
Plan Sponsor's Name G. A. Braun, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	ING LIFE INSURANCE CO	ING VP INTERMEDIATE BOND PORTFOLIO	0	247,008
*	ING LIFE INSURANCE CO	ING VP INDEX PLUS MIDCAP PORT	0	173,461
*	ING LIFE INSURANCE CO	LORD ABBETT SMALL-CAP VALUE FUND	0	189,495
*	ING LIFE INSURANCE CO	Am Fnds New Prspctv Fund	0	335,558
*	ING LIFE INSURANCE CO	ING FIDELITY VIP GROWTH PORT	0	605,132
*	ING LIFE INSURANCE CO	ING FIDELITY VIP EQUITY-INC PORT	0	625,599
*	ING LIFE INSURANCE CO	ING BARON SMALL CAP GROWTH PORT	0	183,917

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name G. A. BRAUN, INC. PROFIT SHARING & 401(k) RETIREMENT PLAN **EIN:** 15-0508635
Plan Sponsor's Name G. A. BRAUN, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	ING LIFE INSURANCE CO	Am Fnds Growth Fund	0	666,714
*	ING LIFE INSURANCE CO.	Am Fnds EuroPacific	0	303,986
*	ING LIFE INSURANCE CO.	ING FIXED ACCOUNT	0	1,782,320
*	ING LIFE INSURANCE CO.	ING SOLUTION 2015 PORTFOLIO	0	109,248
*	ING LIFE INSURANCE CO.	ING SOLUTION 2025 PORTFOLIO	0	249,950
*	ING LIFE INSURANCE CO.	ING SOLUTION 2035 PORTFOLIO	0	125,923
*	ING LIFE INSURANCE CO	ING SOLUTION 2045 PORTFOLIO	0	82,909

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name G. A. BRAUN, INC. PROFIT SHARING & 401(k) RETIREMENT PLAN **EIN:** 15-0508635
Plan Sponsor's Name G. A. BRAUN, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	ING LIFE INSURANCE CO.	ING T. ROWE PRICE CAP APP	0	463,304
*	ING LIFE INSURANCE CO.	ING STOCK INDEX PORTFOLIO	0	170,551
*	ING LIFE INSURANCE CO	BARON ASSET FUND	0	96,678
*	ING LIFE INSURANCE CO.	PIONEER FUND	0	65,813
*	ING LIFE INSURANCE CO.	EATON VANCE LG CAP VALUE	0	122,615
*	ING LIFE INSURANCE CO.	RIVERSOURCE MID CAP VALUE	0	145,721
	PARTICIPANT LOANS	INTEREST 4.25%-9.50%	0	54,115