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
ROMCO, INC. PROFIT-SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1979

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

5151 CASH ROAD AT HALIFAX
DALLAS, TX 75356-0248

5151 CASH ROAD AT HALIFAX
DALLAS, TX 75356-0248

2b Employer Identification Number (EIN)
75-1316474

2c Sponsor's telephone number
214-819-4100

2d Business code (see instructions)
423800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2010	CRAIG BURKERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ROMCO EQUIPMENT COMPANY

5151 CASH ROAD AT HALIFAX
DALLAS, TX 75356-0248

3b Administrator's EIN
75-1316474

3c Administrator's telephone number
214-819-4100

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**	214
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**	188
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	219
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	222
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 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)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
ROMCO, INC. PROFIT-SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROMCO EQUIPMENT COMPANY

D Employer Identification Number (EIN)
75-1316474

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

FID. INV. INST. OPS. CO.

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	4931	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CRM MID CAP VAL INV - PNC GLOBAL IN 04-2871943	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE LOW PR STK SER - BOSTON FINAN 04-2526037	0.45%

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE 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
ROMCO, INC. PROFIT-SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROMCO EQUIPMENT COMPANY

D Employer Identification Number (EIN)
75-1316474

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: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-024	C	905054

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

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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
ROMCO, INC. PROFIT-SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROMCO EQUIPMENT COMPANY

D Employer Identification Number (EIN)
75-1316474

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	273650	282191
(9) Value of interest in common/collective trusts	1c(9)	970372	905054
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7733119	10259930
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8977141	11447175
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	8977141	11447175

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)	232765	
(B) Participants	2a(1)(B)	673967	
(C) Others (including rollovers)	2a(1)(C)	31568	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		938300
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	13012	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13012
(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)	202694	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		202694
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		50673
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1885397
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3090076
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	614978	
(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)		614978
f Corrective distributions (see instructions)	2f		102
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4962	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4962
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		620042
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2470034
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: PHIL MILLNER AND COMPANY, PC (2) EIN: 61-1418681

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
ROMCO, INC. PROFIT-SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROMCO EQUIPMENT COMPANY

D Employer Identification Number (EIN)
75-1316474

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

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

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

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

ROMCO, INC. PROFIT-SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

ROMCO, INC. PROFIT-SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

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Phil Millner & Company PC

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
ROMCO, Inc. Profit-Sharing Plan

We were engaged to audit the financial statements of the ROMCO, Inc. Profit-Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Phil Millner & Company PC

July 15, 2010

3860 West Northwest Highway, Suite 240 • Dallas, Texas 75220 • 214-691-0894 • Fax 214-366-3402 • cpa@millner.net

ROMCO, INC. PROFIT-SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS - MODIFIED CASH BASIS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
INVESTMENTS AT FAIR MARKET VALUE		
Investments	$ 11,181,813	$ 8,755,835
Participant Loans	282,191	273,650
TOTAL ASSETS	11,464,004	9,029,485
LIABILITIES		
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 11,464,004	$ 9,029,485

See accompanying notes to financial statements.

ROMCO, INC. PROFIT-SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS - MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Investment income		
Interest and dividends	$	230,864
Net appreciation in fair value of investments		1,885,397
		2,116,261
Contributions		
Participant		705,535
Employer		232,765
		938,300
TOTAL ADDITIONS		3,054,561
OTHER INCOME (DEDUCTIONS)		
Distributions to participants		(615,080)
Other expenses		(4,962)
TOTAL DEDUCTIONS		(620,042)
NET INCREASE		2,434,519
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT DECEMBER 31, 2008		9,029,485
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT DECEMBER 31, 2009	$	11,464,004

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the ROMCO, Inc. Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of ROMCO, Inc. The Plan includes a 401(k) salary deferral feature. An employee is automatically enrolled with a 3% salary deferral on or after thirty days following the date of hire, unless the employee elects otherwise. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, ROMCO, Inc. may contribute to the Plan an amount determined by its board of directors. Participants may defer up to the maximum percentage allowed by law. For each participant's deferral up to 6% of compensation, ROMCO, Inc. made a 50% matching contribution.

Participant Accounts

Each participant's account is credited with the participant's contribution, ROMCO, Inc.'s matching contribution, an allocation of ROMCO, Inc.'s other contributions, and an allocation of Plan earnings. Allocations of ROMCO, Inc.'s contributions (other than matching contributions) are based upon current year compensation of participants. Allocations of Plan earnings are based upon participant account balances. Forfeitures of employer discretionary contributions are reallocated to remaining active participants. Forfeitures of employer matching contributions are used to reduce employer matching contributions in the plan year in which the forfeitures occur. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions and actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested in employer contributions after seven years of credited service. A participant is 100% vested in matching contributions after six years of credited service.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits

On termination of service, a participant will receive payment of his or her vested account balance in a lump-sum payment.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in specified mutual funds. Participants may change their investment options through Fidelity's telephone exchange system or internet exchange system.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan fund. Loans provide for level amortization with payments to be made not less frequently than quarterly over a period not to exceed five years. However, loans used to acquire a primary residence provide for periodic repayment over a reasonable period of time that may exceed five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles (GAAP). The modified cash basis of accounting differs from GAAP in that interest and dividend income is recorded when received, rather than when earned.

Estimates

The preparation of financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments in registered investment companies (mutual funds) are carried at market value. Investments in stable value funds are carried at contract value, which approximates fair value. Loans to participants are carried at the original amount of the loan less repayments received, which approximates fair value. If available, quoted market prices are used to value investments. See Note 10 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received.

Payment of Benefits

Benefits are recorded when paid.

3. PLAN TERMINATION

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

4. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Trustee that the Plan is qualified under Internal Revenue Code Section 401. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

5. ADMINISTRATIVE EXPENSES

Some administrative expenses of the Plan were paid by ROMCO, Inc.

6. INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31, 2009 or 2008:

	2009	2008
PIMCO Total Return Fund - Admin. Class	$ 1,230,507	$ 837,468
CRM Mid Cap Value Fund - Investor Class	643,518	454,664
Fidelity Capital Appreciation Fund	2,452,729	2,094,430
Fidelity Freedom 2020 Fund	874,058	543,175
Fidelity Managed Income Portfolio	921,884	1,022,716
Fidelity U. S. Bond Index Fund	1,119,631	935,809

7. ASSETS AND TRANSACTIONS MANAGED BY FIDELITY MANAGEMENT TRUST COMPANY

Fidelity Management Trust Company is the trustee of the Plan. The assets and transactions managed by Fidelity Management Trust Company are summarized below.

Assets held at December 31, 2009 and 2008:

	2009	2008
Mutual Funds	$ 11,181,813	$ 8,755,835
Participant Loans	282,191	273,650
Total assets held by trustee	$ 11,464,004	$ 9,029,485

Transactions managed by trustee in the year ended December 31, 2009:

Investment income	$ 2,116,261
Contributions	938,300
Deductions	(620,042)

8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	2009	2008
Net assets available for benefits per the financial statements	$ 11,464,004	$ 9,029,485
Adjust stable value funds from book/contract value to fair value	(16,829)	(52,344)
Net assets available for benefits per Schedule H of Form 5500	$ 11,447,175	$ 8,977,141

The following is a reconciliation of investment income per the financial statements for the year ended December 31, 2009, to Schedule H of Form 5500:

Investment income (loss) per the financial statements	$ 2,116,261
Adjust stable value funds from book/contract value to fair value	35,515
Investment income per Schedule H of Form 5500	$ 2,151,776

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 15, 2010, which is the date that the financial statements were available to be issued.

10. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at, or approximate, fair value in the accompanying financial statements. The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels as described below.

Level 1 - quoted prices in active markets for identical assets (Registered investment companies)	$	10,259,929
Level 2 - observable inputs other than quoted prices (Stable value funds)		921,884
Level 3 - significant unobservable inputs (Loans to participants)		282,191
	$	11,464,004

Fair value measurements using significant unobservable inputs (Level 3):

	2009	2008
Beginning balance	$ 273,650	$ 218,293
Interest income	13,012	11,931
Borrowings and (repayments), net	(4,471)	43,426
Ending balance	$ 282,191	$ 273,650

Interest income is reported in the accompanying financial statements as investment income.

ROMCO, INC. PROFIT-SHARING PLAN
SPONSOR EIN 75-1316474
PLAN NO. 001
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) description including maturity date, (d) Cost rate of interest, collateral, par, or maturity value	(e) Current value
	PIMCO Total Return Fund - Administrative Class	U/O/P, NAV 10.80	1,230,507
	Royce Low-Priced Stock Fund - Investment Class	U/O/P, NAV 14.05	473,295
	CRM Mid Cap Value Fund - Investor Class	U/O/P, NAV 23.89	643,518
	Fidelity Balanced Fund	U/O/P, NAV 16.36	297,717
	Fidelity Capital Appreciation Fund	U/O/P, NAV 21.43	2,452,729
	Fidelity Equity-Income II Fund	U/O/P, NAV 16.33	290,197
	Fidelity Diversified International Fund	U/O/P, NAV 28.00	501,800
	Fidelity Export and Multinational Fund	U/O/P, NAV 19.62	327,409
	Fidelity Small Cap Stock Fund	U/O/P, NAV 15.94	242,841
	Fidelity Freedom Income Fund	U/O/P, NAV 10.74	15,636
	Fidelity Freedom 2000 Fund	U/O/P, NAV 11.35	22,353
	Fidelity Freedom 2010 Fund	U/O/P, NAV 12.51	198,601
	Fidelity Freedom 2020 Fund	U/O/P, NAV 12.55	874,058
	Fidelity Freedom 2030 Fund	U/O/P, NAV 12.39	159,264
	Fidelity Managed Income Portfolio	U/O/P, NAV 1.00	921,884
	Spartan U. S. Equity Index Fund	U/O/P, NAV 39.43	561,412
	Fidelity U. S. Bond Index Fund	U/O/P, NAV 11.06	1,119,631

See independent auditors' report.

ROMCO, INC. PROFIT-SHARING PLAN
SPONSOR EIN 75-1316474
PLAN NO. 001
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) description including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Freedom 2040 Fund	U/O/P, NAV 7.16		141,172
	Fidelity Freedom 2005 Fund	U/O/P, NAV 10.03		717
	Fidelity Freedom 2015 Fund	U/O/P, NAV 10.42		270,487
	Fidelity Freedom 2025 Fund	U/O/P, NAV 10.39		199,415
	Fidelity Freedom 2035 Fund	U/O/P, NAV 10.26		115,722
	Fidelity Freedom 2045 Fund	U/O/P, NAV 8.47		90,885
	Fidelity Freedom 2050 Fund	U/O/P, NAV 8.35		30,563
	Participant loans	5.00% - 5.25%, collateralized by each maker's vested account balance, maximum 5 year repayment schedule	0	282,191
			0	11,464,004

See independent auditors' report.

ROMCO, INC. PROFIT-SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

ROMCO, INC. PROFIT-SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

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Phil Millner & Company PC

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
ROMCO, Inc. Profit-Sharing Plan

We were engaged to audit the financial statements of the ROMCO, Inc. Profit-Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Phil Millner & Company PC

July 15, 2010

3860 West Northwest Highway, Suite 240 • Dallas, Texas 75220 • 214-691-0894 • Fax 214-366-3402 • cpa@millner.net

ROMCO, INC. PROFIT-SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS - MODIFIED CASH BASIS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
INVESTMENTS AT FAIR MARKET VALUE		
Investments	$ 11,181,813	$ 8,755,835
Participant Loans	282,191	273,650
TOTAL ASSETS	11,464,004	9,029,485
LIABILITIES		
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 11,464,004	$ 9,029,485

See accompanying notes to financial statements.

ROMCO, INC. PROFIT-SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS - MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Investment income		
Interest and dividends	$	230,864
Net appreciation in fair value of investments		1,885,397
		2,116,261
Contributions		
Participant		705,535
Employer		232,765
		938,300
TOTAL ADDITIONS		3,054,561
OTHER INCOME (DEDUCTIONS)		
Distributions to participants		(615,080)
Other expenses		(4,962)
TOTAL DEDUCTIONS		(620,042)
NET INCREASE		2,434,519
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT DECEMBER 31, 2008		9,029,485
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT DECEMBER 31, 2009	$	11,464,004

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the ROMCO, Inc. Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of ROMCO, Inc. The Plan includes a 401(k) salary deferral feature. An employee is automatically enrolled with a 3% salary deferral on or after thirty days following the date of hire, unless the employee elects otherwise. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, ROMCO, Inc. may contribute to the Plan an amount determined by its board of directors. Participants may defer up to the maximum percentage allowed by law. For each participant's deferral up to 6% of compensation, ROMCO, Inc. made a 50% matching contribution.

Participant Accounts

Each participant's account is credited with the participant's contribution, ROMCO, Inc.'s matching contribution, an allocation of ROMCO, Inc.'s other contributions, and an allocation of Plan earnings. Allocations of ROMCO, Inc.'s contributions (other than matching contributions) are based upon current year compensation of participants. Allocations of Plan earnings are based upon participant account balances. Forfeitures of employer discretionary contributions are reallocated to remaining active participants. Forfeitures of employer matching contributions are used to reduce employer matching contributions in the plan year in which the forfeitures occur. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions and actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested in employer contributions after seven years of credited service. A participant is 100% vested in matching contributions after six years of credited service.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits

On termination of service, a participant will receive payment of his or her vested account balance in a lump-sum payment.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in specified mutual funds. Participants may change their investment options through Fidelity's telephone exchange system or internet exchange system.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan fund. Loans provide for level amortization with payments to be made not less frequently than quarterly over a period not to exceed five years. However, loans used to acquire a primary residence provide for periodic repayment over a reasonable period of time that may exceed five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles (GAAP). The modified cash basis of accounting differs from GAAP in that interest and dividend income is recorded when received, rather than when earned.

Estimates

The preparation of financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments in registered investment companies (mutual funds) are carried at market value. Investments in stable value funds are carried at contract value, which approximates fair value. Loans to participants are carried at the original amount of the loan less repayments received, which approximates fair value. If available, quoted market prices are used to value investments. See Note 10 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received.

Payment of Benefits

Benefits are recorded when paid.

3. PLAN TERMINATION

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

4. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Trustee that the Plan is qualified under Internal Revenue Code Section 401. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

5. ADMINISTRATIVE EXPENSES

Some administrative expenses of the Plan were paid by ROMCO, Inc.

6. INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31, 2009 or 2008:

	2009	2008
PIMCO Total Return Fund - Admin. Class	$ 1,230,507	$ 837,468
CRM Mid Cap Value Fund - Investor Class	643,518	454,664
Fidelity Capital Appreciation Fund	2,452,729	2,094,430
Fidelity Freedom 2020 Fund	874,058	543,175
Fidelity Managed Income Portfolio	921,884	1,022,716
Fidelity U. S. Bond Index Fund	1,119,631	935,809

7. ASSETS AND TRANSACTIONS MANAGED BY FIDELITY MANAGEMENT TRUST COMPANY

Fidelity Management Trust Company is the trustee of the Plan. The assets and transactions managed by Fidelity Management Trust Company are summarized below.

Assets held at December 31, 2009 and 2008:

	2009	2008
Mutual Funds	$ 11,181,813	$ 8,755,835
Participant Loans	282,191	273,650
Total assets held by trustee	$ 11,464,004	$ 9,029,485

Transactions managed by trustee in the year ended December 31, 2009:

Investment income	$ 2,116,261
Contributions	938,300
Deductions	(620,042)

8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	2009	2008
Net assets available for benefits per the financial statements	$ 11,464,004	$ 9,029,485
Adjust stable value funds from book/contract value to fair value	(16,829)	(52,344)
Net assets available for benefits per Schedule H of Form 5500	$ 11,447,175	$ 8,977,141

The following is a reconciliation of investment income per the financial statements for the year ended December 31, 2009, to Schedule H of Form 5500:

Investment income (loss) per the financial statements	$ 2,116,261
Adjust stable value funds from book/contract value to fair value	35,515
Investment income per Schedule H of Form 5500	$ 2,151,776

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 15, 2010, which is the date that the financial statements were available to be issued.

10. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at, or approximate, fair value in the accompanying financial statements. The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels as described below.

Level 1 - quoted prices in active markets for identical assets (Registered investment companies)	$	10,259,929
Level 2 - observable inputs other than quoted prices (Stable value funds)		921,884
Level 3 - significant unobservable inputs (Loans to participants)		282,191
	$	11,464,004

Fair value measurements using significant unobservable inputs (Level 3):

	2009	2008
Beginning balance	$ 273,650	$ 218,293
Interest income	13,012	11,931
Borrowings and (repayments), net	(4,471)	43,426
Ending balance	$ 282,191	$ 273,650

Interest income is reported in the accompanying financial statements as investment income.

ROMCO, INC. PROFIT-SHARING PLAN
SPONSOR EIN 75-1316474
PLAN NO. 001
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) description including maturity date, (d) Cost rate of interest, collateral, par, or maturity value	(e) Current value
	PIMCO Total Return Fund - Administrative Class	U/O/P, NAV 10.80	1,230,507
	Royce Low-Priced Stock Fund - Investment Class	U/O/P, NAV 14.05	473,295
	CRM Mid Cap Value Fund - Investor Class	U/O/P, NAV 23.89	643,518
	Fidelity Balanced Fund	U/O/P, NAV 16.36	297,717
	Fidelity Capital Appreciation Fund	U/O/P, NAV 21.43	2,452,729
	Fidelity Equity-Income II Fund	U/O/P, NAV 16.33	290,197
	Fidelity Diversified International Fund	U/O/P, NAV 28.00	501,800
	Fidelity Export and Multinational Fund	U/O/P, NAV 19.62	327,409
	Fidelity Small Cap Stock Fund	U/O/P, NAV 15.94	242,841
	Fidelity Freedom Income Fund	U/O/P, NAV 10.74	15,636
	Fidelity Freedom 2000 Fund	U/O/P, NAV 11.35	22,353
	Fidelity Freedom 2010 Fund	U/O/P, NAV 12.51	198,601
	Fidelity Freedom 2020 Fund	U/O/P, NAV 12.55	874,058
	Fidelity Freedom 2030 Fund	U/O/P, NAV 12.39	159,264
	Fidelity Managed Income Portfolio	U/O/P, NAV 1.00	921,884
	Spartan U. S. Equity Index Fund	U/O/P, NAV 39.43	561,412
	Fidelity U. S. Bond Index Fund	U/O/P, NAV 11.06	1,119,631

See independent auditors' report.

ROMCO, INC. PROFIT-SHARING PLAN
SPONSOR EIN 75-1316474
PLAN NO. 001
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) description including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Freedom 2040 Fund	U/O/P, NAV 7.16		141,172
	Fidelity Freedom 2005 Fund	U/O/P, NAV 10.03		717
	Fidelity Freedom 2015 Fund	U/O/P, NAV 10.42		270,487
	Fidelity Freedom 2025 Fund	U/O/P, NAV 10.39		199,415
	Fidelity Freedom 2035 Fund	U/O/P, NAV 10.26		115,722
	Fidelity Freedom 2045 Fund	U/O/P, NAV 8.47		90,885
	Fidelity Freedom 2050 Fund	U/O/P, NAV 8.35		30,563
	Participant loans	5.00% - 5.25%, collateralized by each maker's vested account balance, maximum 5 year repayment schedule	0	282,191
			0	11,464,004

See independent auditors' report.

ROMCO, INC. PROFIT-SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

ROMCO, INC. PROFIT-SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

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Phil Millner & Company PC

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
ROMCO, Inc. Profit-Sharing Plan

We were engaged to audit the financial statements of the ROMCO, Inc. Profit-Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Phil Millner & Company PC

July 15, 2010

3860 West Northwest Highway, Suite 240 • Dallas, Texas 75220 • 214-691-0894 • Fax 214-366-3402 • cpa@millner.net

ROMCO, INC. PROFIT-SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS - MODIFIED CASH BASIS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
INVESTMENTS AT FAIR MARKET VALUE		
Investments	$ 11,181,813	$ 8,755,835
Participant Loans	282,191	273,650
TOTAL ASSETS	11,464,004	9,029,485
LIABILITIES		
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 11,464,004	$ 9,029,485

See accompanying notes to financial statements.

ROMCO, INC. PROFIT-SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS - MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Investment income		
Interest and dividends	$	230,864
Net appreciation in fair value of investments		1,885,397
		2,116,261
Contributions		
Participant		705,535
Employer		232,765
		938,300
TOTAL ADDITIONS		3,054,561
OTHER INCOME (DEDUCTIONS)		
Distributions to participants		(615,080)
Other expenses		(4,962)
TOTAL DEDUCTIONS		(620,042)
NET INCREASE		2,434,519
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT DECEMBER 31, 2008		9,029,485
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT DECEMBER 31, 2009	$	11,464,004

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the ROMCO, Inc. Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of ROMCO, Inc. The Plan includes a 401(k) salary deferral feature. An employee is automatically enrolled with a 3% salary deferral on or after thirty days following the date of hire, unless the employee elects otherwise. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, ROMCO, Inc. may contribute to the Plan an amount determined by its board of directors. Participants may defer up to the maximum percentage allowed by law. For each participant's deferral up to 6% of compensation, ROMCO, Inc. made a 50% matching contribution.

Participant Accounts

Each participant's account is credited with the participant's contribution, ROMCO, Inc.'s matching contribution, an allocation of ROMCO, Inc.'s other contributions, and an allocation of Plan earnings. Allocations of ROMCO, Inc.'s contributions (other than matching contributions) are based upon current year compensation of participants. Allocations of Plan earnings are based upon participant account balances. Forfeitures of employer discretionary contributions are reallocated to remaining active participants. Forfeitures of employer matching contributions are used to reduce employer matching contributions in the plan year in which the forfeitures occur. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions and actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested in employer contributions after seven years of credited service. A participant is 100% vested in matching contributions after six years of credited service.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits

On termination of service, a participant will receive payment of his or her vested account balance in a lump-sum payment.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in specified mutual funds. Participants may change their investment options through Fidelity's telephone exchange system or internet exchange system.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan fund. Loans provide for level amortization with payments to be made not less frequently than quarterly over a period not to exceed five years. However, loans used to acquire a primary residence provide for periodic repayment over a reasonable period of time that may exceed five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles (GAAP). The modified cash basis of accounting differs from GAAP in that interest and dividend income is recorded when received, rather than when earned.

Estimates

The preparation of financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments in registered investment companies (mutual funds) are carried at market value. Investments in stable value funds are carried at contract value, which approximates fair value. Loans to participants are carried at the original amount of the loan less repayments received, which approximates fair value. If available, quoted market prices are used to value investments. See Note 10 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received.

Payment of Benefits

Benefits are recorded when paid.

3. PLAN TERMINATION

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

4. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Trustee that the Plan is qualified under Internal Revenue Code Section 401. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

5. ADMINISTRATIVE EXPENSES

Some administrative expenses of the Plan were paid by ROMCO, Inc.

6. INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31, 2009 or 2008:

	2009	2008
PIMCO Total Return Fund - Admin. Class	$ 1,230,507	$ 837,468
CRM Mid Cap Value Fund - Investor Class	643,518	454,664
Fidelity Capital Appreciation Fund	2,452,729	2,094,430
Fidelity Freedom 2020 Fund	874,058	543,175
Fidelity Managed Income Portfolio	921,884	1,022,716
Fidelity U. S. Bond Index Fund	1,119,631	935,809

7. ASSETS AND TRANSACTIONS MANAGED BY FIDELITY MANAGEMENT TRUST COMPANY

Fidelity Management Trust Company is the trustee of the Plan. The assets and transactions managed by Fidelity Management Trust Company are summarized below.

Assets held at December 31, 2009 and 2008:

	2009	2008
Mutual Funds	$ 11,181,813	$ 8,755,835
Participant Loans	282,191	273,650
Total assets held by trustee	$ 11,464,004	$ 9,029,485

Transactions managed by trustee in the year ended December 31, 2009:

Investment income	$ 2,116,261
Contributions	938,300
Deductions	(620,042)

8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	2009	2008
Net assets available for benefits per the financial statements	$ 11,464,004	$ 9,029,485
Adjust stable value funds from book/contract value to fair value	(16,829)	(52,344)
Net assets available for benefits per Schedule H of Form 5500	$ 11,447,175	$ 8,977,141

The following is a reconciliation of investment income per the financial statements for the year ended December 31, 2009, to Schedule H of Form 5500:

Investment income (loss) per the financial statements	$ 2,116,261
Adjust stable value funds from book/contract value to fair value	35,515
Investment income per Schedule H of Form 5500	$ 2,151,776

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 15, 2010, which is the date that the financial statements were available to be issued.

10. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at, or approximate, fair value in the accompanying financial statements. The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels as described below.

Level 1 - quoted prices in active markets for identical assets (Registered investment companies)	$	10,259,929
Level 2 - observable inputs other than quoted prices (Stable value funds)		921,884
Level 3 - significant unobservable inputs (Loans to participants)		282,191
	$	11,464,004

Fair value measurements using significant unobservable inputs (Level 3):

	2009	2008
Beginning balance	$ 273,650	$ 218,293
Interest income	13,012	11,931
Borrowings and (repayments), net	(4,471)	43,426
Ending balance	$ 282,191	$ 273,650

Interest income is reported in the accompanying financial statements as investment income.

ROMCO, INC. PROFIT-SHARING PLAN
SPONSOR EIN 75-1316474
PLAN NO. 001
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) description including maturity date, (d) Cost rate of interest, collateral, par, or maturity value	(e) Current value
	PIMCO Total Return Fund - Administrative Class	U/O/P, NAV 10.80	1,230,507
	Royce Low-Priced Stock Fund - Investment Class	U/O/P, NAV 14.05	473,295
	CRM Mid Cap Value Fund - Investor Class	U/O/P, NAV 23.89	643,518
	Fidelity Balanced Fund	U/O/P, NAV 16.36	297,717
	Fidelity Capital Appreciation Fund	U/O/P, NAV 21.43	2,452,729
	Fidelity Equity-Income II Fund	U/O/P, NAV 16.33	290,197
	Fidelity Diversified International Fund	U/O/P, NAV 28.00	501,800
	Fidelity Export and Multinational Fund	U/O/P, NAV 19.62	327,409
	Fidelity Small Cap Stock Fund	U/O/P, NAV 15.94	242,841
	Fidelity Freedom Income Fund	U/O/P, NAV 10.74	15,636
	Fidelity Freedom 2000 Fund	U/O/P, NAV 11.35	22,353
	Fidelity Freedom 2010 Fund	U/O/P, NAV 12.51	198,601
	Fidelity Freedom 2020 Fund	U/O/P, NAV 12.55	874,058
	Fidelity Freedom 2030 Fund	U/O/P, NAV 12.39	159,264
	Fidelity Managed Income Portfolio	U/O/P, NAV 1.00	921,884
	Spartan U. S. Equity Index Fund	U/O/P, NAV 39.43	561,412
	Fidelity U. S. Bond Index Fund	U/O/P, NAV 11.06	1,119,631

See independent auditors' report.

ROMCO, INC. PROFIT-SHARING PLAN
SPONSOR EIN 75-1316474
PLAN NO. 001
SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) description including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Freedom 2040 Fund	U/O/P, NAV 7.16		141,172
	Fidelity Freedom 2005 Fund	U/O/P, NAV 10.03		717
	Fidelity Freedom 2015 Fund	U/O/P, NAV 10.42		270,487
	Fidelity Freedom 2025 Fund	U/O/P, NAV 10.39		199,415
	Fidelity Freedom 2035 Fund	U/O/P, NAV 10.26		115,722
	Fidelity Freedom 2045 Fund	U/O/P, NAV 8.47		90,885
	Fidelity Freedom 2050 Fund	U/O/P, NAV 8.35		30,563
	Participant loans	5.00% - 5.25%, collateralized by each maker's vested account balance, maximum 5 year repayment schedule	0	282,191
			0	11,464,004

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