Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
M & M MANUFACTURING COMPANY PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1970

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
M & M MANUFACTURING, L.L.C.

4001 MARK IV PARKWAY
FORT WORTH, TX 76106-4129

2b Employer Identification Number (EIN) 26-0432240

2c Sponsor's telephone number 817-336-2311

2d Business code (see instructions) 331200

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.	09/29/2010	R. D. STEPP
	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")
M & M MANUFACTURING, L.L.C.

4001 MARK IV PARKWAY
FORT WORTH, TX 76106-4129

3b Administrator's EIN
26-0432240

3c Administrator's telephone number
817-336-2311

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**	507
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**	392
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	64
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	460
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	460
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	459
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
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 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	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**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
M & M MANUFACTURING COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
M & M MANUFACTURING, L.L.C.

D Employer Identification Number (EIN)
26-0432240

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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
04-1590850	65935	AC 3302392	122	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
836	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
HARRY G. MILLS
2929 W 5TH ST
FORT WORTH, TX 76107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
829	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE INSURANCE ALLIANCE INC.
WEST 4TH STREET
FORT WORTH, TX 76107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0		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	

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SEE PUBLISHED RATES

b	Premiums paid to carrier	6b	41785
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) [X] 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 ▶

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

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 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
M & M MANUFACTURING COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
M & M MANUFACTURING, L.L.C.

D Employer Identification Number (EIN)
26-0432240

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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
04-1590850	65935	9669987, ETC	142	12/01/2008	11/30/2009

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
4499	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
HARRY G MILLS
2929 WEST FIFTH STREET, SUITE B
FORT WORTH, TX 76107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3825	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RICHARD W. STEVENS
777 MAIN STREET, SUITE 2260
FORT WORTH, TX 76102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
674	0		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	

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SEE PUBLISHED RATES

b	Premiums paid to carrier	6b	71020
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. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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 ▶

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

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
M & M MANUFACTURING COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M & M MANUFACTURING, L.L.C.

D Employer Identification Number (EIN)
26-0432240

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

INVESCO INVESTMENT SERVICES INC

P.O. BOX 0843
HOUSTON, TX 77001-0843

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

FEDERATED INVESTORS INC

4000 ERICSSON DRIVE
WARRENDALE, PA 15086

25-1111467

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

DODGE & COX FUNDS

555 CALIFORNIA ST
40TH FLOOR
SAN FRANCISCO, CA 94107

94-1441976

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

T. ROWE PRICE INVESTMENT SERVICES

100 EAST PRATT STREET
BALTIMORE, MD 21202

52-0655816

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

FROST INVESTMENT ADVISORS, LLC

100 WEST HOUSTON STREET
15TH FLOOR TOWER
SAN ANTONIO, TX 78205-1414

26-1620087

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

IVY INVESTMENT MANAGEMENT COMPANY

PO BOX 29217
SHAWNEE MISSION, KS 66201-9217

03-0481447

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

LAZARD ASSET MANAGEMENT SECURITIES

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112-6300

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

FORWARD FUNDS

PO BOX 1345
DENVER, CO 80201

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

AMERICAN FUNDS DISTRIBUTORS, INC.

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

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

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

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)

FROST NATIONAL BANK

100 WEST HOUSTON STREET
SAN ANTONIO, TX 78205

74-0635455

(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?
21 24 50 51 62 64	NONE	56577	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STOVAL, GRANDEY & ALLEN, LLP

500 W. 7TH STREET
SUITE 900 UNIT 51
FORT WORTH, TX 76102

75-2678894

(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?
10	NONE	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSA PENSION SERVICES

200 HEMPHILL STREET
FORT WORTH, TX 76104-1129

32-0228477

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	14860	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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
M & M MANUFACTURING COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M & M MANUFACTURING, L.L.C.

D Employer Identification Number (EIN)
26-0432240

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	1604	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1138262	300000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	123603	132209
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1856242	
(2) U.S. Government securities	1c(2)	6094550	4636045
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3751144	5961458
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	
(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)	5390353	8967568
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	
(15) Other	1c(15)	521270	1040400

			(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	18877028	21037680
	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	18877028	21037680

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)	300000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		300000
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)	198255	
	(C) Corporate debt instruments	2b(1)(C)	208121	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	26250	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		432626
	(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)	67694	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		67694
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	11006562	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11023372	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-16810

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-15971	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-15971
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2213525
c	Other income	2c		11438
d	Total income. Add all **income** amounts in column (b) and enter total	2d		2992502
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	691304	
	(2) To insurance carriers for the provision of benefits	2e(2)	71055	
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		762359
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)	12000	
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	42631	
	(4) Other	2i(4)	14860	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		69491
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		831850
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		2160652
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

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: STOVALL, GRANDEY & ALLEN, LLP **(2)** EIN: 75-2678894

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
M & M MANUFACTURING COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M & M MANUFACTURING, L.L.C.

D Employer Identification Number (EIN)
26-0432240

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): 74-6378586

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):

M & M MANUFACTURING COMPANY
PROFIT SHARING PLAN
FORT WORTH, TEXAS

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2009 AND 2008

Form 5500 – Schedule H, Part III, Auditor's Report

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
EMPLOYER ID# 26-0432240 (PLAN #001)
AUDITED FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

The following financial information is submitted herewith:

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Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplemental Schedules	
Schedule of Assets Held for Investment Purposes at End of Year	11
Schedule of Reportable Transactions	14

SGA
Stovall Grandey & Allen LLP

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INDEPENDENT AUDITOR'S REPORT

Plan Administrators
M & M Manufacturing Company
Profit Sharing Plan
Fort Worth, Texas

We were engaged to audit the financial statements and supplemental schedules of M & M Manufacturing Company Profit Sharing Plan, as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Frost National Bank, trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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 Security Act of 1974.

Stovall, Grandey & Allen, LLP

STOVALL, GRANDEY & ALLEN, L.L.P.
Fort Worth, Texas
September 13, 2010

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments at fair value:		
Money market funds	$ 652,400	$ 1,856,242
US Government securities	4,636,045	6,094,550
Mutual funds	8,315,168	5,390,353
Corporate obligations	5,424,943	3,751,144
State and municipal bonds	527,000	521,270
Foreign bonds	536,515	-
M&M Tradition Holdings Corporation Common Stock	513,400	-
Total investments	20,605,471	17,613,559
Receivables:		
Employer contribution	300,000	1,138,262
Accrued interest receivable	132,209	123,603
Total receivables	432,209	1,261,865
Cash	-	1,604
Total assets	21,037,680	18,877,028
Liabilities	-	-
Net Assets Available for Benefits	$ 21,037,680	$ 18,877,028

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

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions to net assets attributed to:		
Employer contribution	$ 300,000	$ 1,138,262
Interest and dividends	500,320	791,591
Net appreciation (depreciation) in fair value of investments	2,180,744	(4,109,874)
Insurance surrender value	11,438	70,938
Total additions (deductions)	2,992,502	(2,109,083)
Deductions from net assets attributed to:		
Distributions to participants	691,304	2,109,064
Administrative expenses	69,491	81,275
Insurance premiums	71,055	78,787
Total deductions	831,850	2,269,126
Net increase (decrease) in net assets available for benefits	2,160,652	(4,378,209)
Net assets available for benefits:		
Beginning of Year	18,877,028	23,255,237
End of Year	$ 21,037,680	$ 18,877,028

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

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 1 Description of the Plan

The following brief description of the M & M Manufacturing, LLC (Company) Profit Sharing Plan (Plan) is provided for general information only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined contribution retirement plan providing for participation in the employer's profits based on the employer's contribution. The Plan is designed to cover all full-time employees of the Company who meet the eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was restated effective January 1, 2009 to comply with the provisions of the Economic Growth and Tax Relief Reconciliation Act (EGTRRA).

Administration

The M & M Manufacturing Company Profit Sharing Plan Advisory Committee has responsibility for administering the Plan. Plan assets are held in a discretionary trust where the trustee has authority and control over investments and is authorized by the Plan to make investment decisions within the framework of the trust instrument.

Contributions

The Plan does not permit employee contributions. The employer's contribution is discretionary and is determined annually by the board of directors.

Eligibility and Employees Vesting

Employees become a participant on January 1 immediately following the later of the date six months after the first day of employment or the date they attain age twenty and one-half.

Participants are 100% vested in the Company contributions upon retirement, death or permanent disability. Participants not specifically mentioned above are vested according to the schedules listed below:

Years of Service	Percent Vested
Less than 2	0
2	20
3	40
4	60
5	80
6 or more	100

Note 1 Description of the Plan, continued

Contribution, Forfeiture and Earnings Allocation

Contributions and forfeitures are allocated to participants' accounts using a two-tiered integrated method. First tier allocation is based on 5.7% of total compensation plus the excess of $106,800 and $102,000 for 2009 and 2008, respectively. Second tier allocation is the remainder of unallocated contributions and forfeitures, which are allocated based on participant compensation to total compensation. Considered compensation is limited to $245,000 for 2009 and $230,000 for 2008.

Earnings are allocated to participants' accounts annually. The formula to allocate earnings is the participant's beginning account balance, less withdrawals, distributions, and expenses, divided by the total of all participants' accounts.

Allocated Insurance Contracts

Individual participants may purchase life insurance policies with the annual premium deducted from the participant's account balance. Premiums of $71,055 and $78,787 were paid to fund 162 and 256 insurance policies for 2009 and 2008, respectively. The plan benefits are fully guaranteed by the insurance company, which has a legal obligation to make the benefit payments to the participants covered by the allocated contracts.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Retirement Age

A participant becomes 100% vested upon attaining age 65.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum payment or rollover. 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 or rollover.

Note 2 Summary of Significant Accounting Policies, continued

Investment Valuation and Investment Income

Investments are stated at fair value using quoted market prices. Purchases and sales of securities are recorded on a trade dates basis. Interest income is recorded on the 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.

Administrative Expenses

Substantially all expenses of administering the Plan are paid by the Plan.

Payment of Benefits

Benefits are recorded when paid.

New Accounting Standards

Effective July 1, 2009, the FASB established the Codification as the source of authoritative GAAP for companies to use in the preparation of financial statements. The guidance contained in the Codification supersedes all existing non-SEC accounting and reporting standards. The Corporation adopted the Codification, as required, for the year ending December 31, 2009.

Subsequent Events

The Plan has evaluated subsequent events from December 31, 2009 through September 13, 2010, the date the financial statements were available to be issued.

Note 3 Information Certified by the Trustee

The plan administrator elected the method of compliance permitted by Section 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. Accordingly, as permitted under such election, the plan administrator limited auditing procedures with respect to the information certified by the trustee.

Note 3 Information Certified by the Trustee, continued

A summary of the information certified by the trustee as complete and accurate for the years ended December 31, 2009 and 2008 includes the supplemental schedules and other information as follows:

	2009	2008
Investments at fair value (nonparticipant directed):		
Money market funds	$ 652,400	$ 1,856,242
US Government securities	4,636,045	6,094,550
Mutual funds	8,315,168	5,390,353
Corporate obligations	5,424,943	3,751,144
State and municipal bonds	527,000	521,270
Foreign bonds	536,515	-
Common stock	513,400	-
Accrued interest receivable	132,209	123,603
Cash	-	1,604
Interest and dividends	500,320	791,591
Net appreciation (depreciation) in fair value of investments	2,180,744	(4,109,874)

Note 4 Investments

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

	2009	2008
Investments at fair value (nonparticipant directed):		
Federal Farm Credit Banks 2012	$ 1,039,690	$ N/A
Federal Farm Credit Banks 2015	1,069,060	N/A
Federal Home Loan Bank	1,024,690	N/A
Federal National Mortgage Association 2013	1,072,190	N/A
Dodge & Cox Stock Fund	1,875,902	1,240,515
Frost Core Growth Equity Fund	1,848,136	1,409,197
Frost International Equity Fund	961,739	N/A
T. Rowe Price Growth Fund	979,111	N/A

Plan investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciated) in value as detailed below.

	2009	2008
Corporate Obligations	$ 91,893	$ (30,723)
US Government	(92,283)	181,225
State & Municipal Bonds	5,730	11,935
Foreign Bonds	(1,610)	-
Mutual Funds	2,213,525	(4,144,776)
Common Trust Funds	-	(127,535)
Common Stock	(36,511)	-
Net appreciation (depreciation)	$ 2,180,744	$ (4,109,874)

Note 5 Related Party Transactions (Parties-In-Interest)

Certain plan investments were shares of common/collective trust funds and mutual funds managed by Frost National Bank (the Bank). Frost National Bank is trustee of the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for services provided by the Bank amounted to $56,578 and $54,419 for the years ended December 31, 2009 and 2008, respectively.

Plan expenses paid to the third party administrator, LSA, qualify as party-in-interest. Expenses paid were $913 and $13,356 for the years ended December 31, 2009 and 2008, respectively.

The Plan is responsible for paying audit expenses. Audit fees paid to Stovall, Grandey and Allen, LLP qualify as party-in-interest. Fees paid by the Plan for audit services rendered amounted to $12,000 and $13,500 for the years ended December 31, 2009 and 2008, respectively.

Note 6 Risks and Uncertainties

Investment securities in which the Plan invests are subject to various risks, such as market, credit and interest rate risks. Due to the level of risk associated with such securities, it is at least reasonably possible that changes in the near term could materially affect participants' unit values and the amounts reported in the statement of net assets available for plan benefits.

Note 7 Forfeitures

Total forfeitures credited for the years ended December 31, 2009 and 2008 were $22,957 and $20,065, respectively. Forfeitures are allocated in accordance with Note 1.

Note 8 Tax Status

The Plan obtained its latest opinion letter on March 31, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9 Termination of Plan

Although the Company has not expressed any intent to do so, it 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 become 100% vested in their accounts.

Note 10 Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- *Level 1 Inputs* – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

- *Level 2 Inputs* – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These might include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (such as interest rates, volatilities, prepayment speeds, credit risks, etc.) or inputs that are derived principally from or corroborated by 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* – Unobservable inputs for determining the fair values of assets or liabilities that reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. These valuation methodologies were applied to all of the Plan's financial assets and financial liabilities carried at fair value effective January 1, 2008.

In general, fair value is based upon quoted market prices, where available. If such quoted market prices are not available, fair value is based upon internally developed models that primarily use, as inputs, observable market-based parameters. Valuation adjustments may be made to ensure that financial instruments are recorded at fair value. These adjustments may include amounts to reflect counterparty credit quality and the Plan's creditworthiness, among other things, as well as unobservable parameters. Any such valuation adjustments are applied consistently over time. The Plan's valuation methodologies may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While management believes the Plan's valuation methodologies 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 estimate of fair value at the reporting date.

Money market funds: Valued using $1 for the net asset value (NAV)

Corporate obligations, foreign bonds and US Government securities: Valued at the closing price reported in the active market in which the individual securities are traded.

Note 10 Fair Value Measurements, continued

Mutual funds: Valued at the net asset value NAV of shares held by the plan at year end.

State and municipal bonds: Valued at quoted prices for similar assets in active markets.

M & M Tradition Holdings Corporation common stock: Valued at the estimated fair value based upon an independent appraisal. The appraiser took into account the nature of the business, economic outlook, book value of the stock, earning capacity of the company, dividend paying capacity, goodwill and other intangibles, and prior sale of stock and market price of similar investments.

The following table summarizes financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2009 and 2008, segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure the fair value:

	Level 1	Level 2	Level 3	Total
December 31, 2009:				
Money market funds	$ 652,400	$ -	$ -	$ 652,400
US Government securities	-	4,636,045	-	4,636,045
Mutual Funds	8,315,168	-	-	8,315,168
Corporate obligations	-	5,424,943	-	5,424,943
State and municipal bonds	-	527,000	-	527,000
Foreign bonds	-	536,515	-	536,515
M&M Tradition Holdings Corporation common stock	-	-	513,400	513,400
Totals	$ 8,967,568	$ 11,124,513	$ 513,400	$ 20,605,471

	Level 1	Level 2	Level 3	Total
December 31, 2008:				
Money market funds	$ 1,856,242	$ -	$ -	$ 1,856,242
US Government securities	-	6,094,550	-	6,094,550
Mutual Funds	5,390,353	-	-	5,390,353
Corporate obligations	-	3,751,144	-	3,751,144
State and municipal bonds	-	521,270	-	521,270
Totals	$ 7,246,595	$ 10,366,964	$ -	$ 17,613,559

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

	2009
Balance beginning of year	$ -
Purchase of 40,800 shares M & M Tradition Holdings Corporation common stock	549,911
Unrealized loss	(36,511)
Total	$ 513,400

SUPPLEMENTAL SCHEDULES

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
EMPLOYER ID# 26-0432240 (PLAN #001)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost	(e) Current value
	Money market funds:			
	Federated Prime Obligations	Short Term Investment Funds	$ 652,400	$ 652,400
			652,400	652,400
	US Government Securities:			
	Federal Farm Credits Bank	$1,000,000 face value 5.00% due 2/13/2012	1,008,630	1,039,690
	Federal Farm Credits Bank	$1,000,000 face value 4.55% due 2/3/2015	1,042,430	1,069,060
	Federal Home Loan Bank	$1,000,000 face value 2.875% due 3/11/2011	1,001,890	1,024,690
	Federal Home Loan Mortgage Corp.	$300,000 face value 4.28% due 4/15/2010	311,112	303,378
	Federal National Mortgage Assoc.	$1,000,000 face value 4.38% due 7/17/2013	1,045,720	1,072,190
	Government National Mortgage Assoc.	$120,151.27 face value 5.00% due 1/15/18	123,718	127,037
			4,533,500	4,636,045
	Mutual Funds:			
	Dodge & Cox	Stock Fund 19,512.200 units	$ 1,882,665	$ 1,875,902
*	Frost	Core Growth Equity Fund 219,233.238 units	2,183,596	1,848,136
*	Frost	Hoover Small Mid-Cap 51,241.104 units	470,492	396,606
*	Frost	International Equity Fund 122,358.899 units	1,116,367	961,739
	American Funds	Growth Fund of America Class R 34,288.800 units	1,059,820	935,399

See Independent Auditor's Report

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN

EMPLOYER ID# 26-0432240 (PLAN #001)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost	(e) Current value
	Ivy	Global Natural Resources Fund Class Y 27,198.847 units	602,884	510,523
	Lazard	Emerging Markets 37,736.295 units	719,664	679,631
	T Rowe Price	Growth Stock Fund 35,591.107 units	1,047,695	979,111
	T Rowe Price	International Discovery 3,467.418 units	131,096	128,121
			9,214,279	8,315,168
*	Party-in-interest			
	Corporate Obligations:			
	Abbot Laboratories	$600,000 face valude 4.35% due 3/15/14	638,082	630,690
	AT & T Incorporated	$500,000 face value 5.30% due 11/15/10	497,905	519,770
	Berkshire Hathaway Finance	$500,000 face value 4.60% due 5/15/2013	501,940	528,050
	Bottling Group LLC	$350,000 face value 4.63% due 11/15/12	380,163	375,193
	Coca Cola Company	$750,000 face value 3.63% due 3/15/14	763,942	773,093
	Conocophillips	$500,000 face value 4.60% due 1/15/15	517,595	530,995
	Du Pnt E I De Nemour & Company	$500,000 face value 3.25% due 1/15/15	502,090	495,315
	Glaxosmithkline Capital Inc	$300,000 face value 4.85% due 5/15/13	315,453	322,035

See Independent Auditor's Report

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
EMPLOYER ID# 26-0432240 (PLAN #001)

DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost	(e) Current value
	JP Morgan Chase & Co.	$400,000 face value 4.50% due 11/15/10	404,516	413,495
	Medtronic Inc.	$300,000 face value 4.50% due 3/15/14	314,581	317,712
	Morgan Stanley	$500,000 face value 5.05% due 1/21/11	492,705	518,595
			5,328,972	5,424,943
	State and Municipal Bonds:			
	Mississippi State Series A non-callable	$500,000 face value 5.25% due 6/1/11	$ 501,215	$ 527,000
			501,215	527,000
	Foreign Bonds:			
	Shell International Finance	$500,000 face value 4.95% due 3/22/12	538,125	536,515
			538,125	536,515
	Common Stock:			
*	M&M Tradition Holdings Corp	Common Stock 40,800.000 units	549,911	513,400
			549,911	513,400
			$ 21,318,402	$ 20,605,471

See Independent Auditor's Report

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500 - SCHEDULE H, PART IV, LINE 4(j)

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
EMPLOYER ID# 26-0432240 (PLAN #001)
DECEMBER 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Sales and Redemptions					
Single Transactions						
Frost Bank	AIM Short-Term Invest Trust	2,347,699	$ 2,347,699	$ 2,347,699	$ 2,347,699	$ -
Frost Bank	Federated Prime Obligation	1,338,724	1,338,724	1,338,724	1,338,724	-
Series of Transactions						
Frost Bank	AIM Short-Term Invest Trust *(23 Transactions)*	2,683,688	2,683,688	2,683,688	2,683,688	-
Frost Bank	Federated Prime Obligation *(29 Transactions)*	1,292,349	1,292,349	1,292,349	1,292,349	-
	Purchases					
Single Transactions						
Frost Bank	AIM Short-Term Invest Trust	1,025,610		1,025,610	1,025,610	
Frost Bank	Federated Prime Obligation	2,279,476		2,279,476	2,279,476	
Series of Transactions						
Frost Bank	AIM Short-Term Invest Trust *(25 Transactions)*	2,149,536		2,149,536	2,149,536	
Frost Bank	Federated Prime Obligation *(37 Transactions)*	1,131,878		1,131,878	1,131,878	

See Independent Auditor's Report

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H, PART IV, LINE 4(i)

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
EMPLOYER ID# 26-0432240 (PLAN #001)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost	(e) Current value
	Money market funds:			
	Federated Prime Obligations	Short Term Investment Funds	$ 652,400	$ 652,400
			652,400	652,400
	US Government Securities:			
	Federal Farm Credits Bank	$1,000,000 face value 5.00% due 2/13/2012	1,008,630	1,039,690
	Federal Farm Credits Bank	$1,000,000 face value 4.55% due 2/3/2015	1,042,430	1,069,060
	Federal Home Loan Bank	$1,000,000 face value 2.875% due 3/11/2011	1,001,890	1,024,690
	Federal Home Loan Mortgage Corp.	$300,000 face value 4.28% due 4/15/2010	311,112	303,378
	Federal National Mortgage Assoc.	$1,000,000 face value 4.38% due 7/17/2013	1,045,720	1,072,190
	Government National Mortgage Assoc.	$120,151.27 face value 5.00% due 1/15/18	123,718	127,037
			4,533,500	4,636,045
	Mutual Funds:			
	Dodge & Cox	Stock Fund 19,512.200 units	$ 1,882,665	$ 1,875,902
*	Frost	Core Growth Equity Fund 219,233.238 units	2,183,596	1,848,136
*	Frost	Hoover Small Mid-Cap 51,241.104 units	470,492	396,606
*	Frost	International Equity Fund 122,358.899 units	1,116,367	961,739
	American Funds	Growth Fund of America Class R 34,288.800 units	1,059,820	935,399

See Independent Auditor's Report

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
EMPLOYER ID# 26-0432240 (PLAN #001)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost	(e) Current value
	Ivy	Global Natural Resources Fund Class Y 27,198.847 units	602,884	510,523
	Lazard	Emerging Markets 37,736.295 units	719,664	679,631
	T Rowe Price	Growth Stock Fund 35,591.107 units	1,047,695	979,111
	T Rowe Price	International Discovery 3,467.418 units	131,096	128,121
			9,214,279	8,315,168
*	Party-in-interest			
	Corporate Obligations:			
	Abbot Laboratories	$600,000 face valude 4.35% due 3/15/14	638,082	630,690
	AT & T Incorporated	$500,000 face value 5.30% due 11/15/10	497,905	519,770
	Berkshire Hathaway Finance	$500,000 face value 4.60% due 5/15/2013	501,940	528,050
	Bottling Group LLC	$350,000 face value 4.63% due 11/15/12	380,163	375,193
	Coca Cola Company	$750,000 face value 3.63% due 3/15/14	763,942	773,093
	Conocophillips	$500,000 face value 4.60% due 1/15/15	517,595	530,995
	Du Pnt E I De Nemour & Company	$500,000 face value 3.25% due 1/15/15	502,090	495,315
	Glaxosmithkline Capital Inc	$300,000 face value 4.85% due 5/15/13	315,453	322,035

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M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
EMPLOYER ID# 26-0432240 (PLAN #001)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost	(e) Current value
	JP Morgan Chase & Co.	$400,000 face value 4.50% due 11/15/10	404,516	413,495
	Medtronic Inc.	$300,000 face value 4.50% due 3/15/14	314,581	317,712
	Morgan Stanley	$500,000 face value 5.05% due 1/21/11	492,705	518,595
			5,328,972	5,424,943
	State and Municipal Bonds:			
	Mississippi State Series A non-callable	$500,000 face value 5.25% due 6/1/11	$ 501,215	$ 527,000
			501,215	527,000
	Foreign Bonds:			
	Shell International Finance	$500,000 face value 4.95% due 3/22/12	538,125	536,515
			538,125	536,515
	Common Stock:			
*	M&M Tradition Holdings Corp	Common Stock 40,800.000 units	549,911	513,400
			549,911	513,400
			$ 21,318,402	$ 20,605,471

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SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500 - SCHEDULE H, PART IV, LINE 4(j)

M & M MANUFACTURING COMPANY PROFIT SHARING PLAN
EMPLOYER ID# 26-0432240 (PLAN #001)
DECEMBER 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Sales and Redemptions					
Single Transactions						
Frost Bank	AIM Short-Term Invest Trust	2,347,699	$ 2,347,699	$ 2,347,699	$ 2,347,699	$ -
Frost Bank	Federated Prime Obligation	1,338,724	1,338,724	1,338,724	1,338,724	-
Series of Transactions						
Frost Bank	AIM Short-Term Invest Trust *(23 Transactions)*	2,683,688	2,683,688	2,683,688	2,683,688	-
Frost Bank	Federated Prime Obligation *(29 Transactions)*	1,292,349	1,292,349	1,292,349	1,292,349	-
	Purchases					
Single Transactions						
Frost Bank	AIM Short-Term Invest Trust	1,025,610		1,025,610	1,025,610	
Frost Bank	Federated Prime Obligation	2,279,476		2,279,476	2,279,476	
Series of Transactions						
Frost Bank	AIM Short-Term Invest Trust *(25 Transactions)*	2,149,536		2,149,536	2,149,536	
Frost Bank	Federated Prime Obligation *(37 Transactions)*	1,131,878		1,131,878	1,131,878	

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