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
MOTHER INDUSTRIES, LLC 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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

595 11TH AVENUE
NEW YORK, NY 10036

2b Employer Identification Number (EIN) 20-0263558

2c Sponsor's telephone number 212-254-2800

2d Business code (see instructions) 541800

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.	10/07/2010	JEFF YANG
	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")
MOTHER INDUSTRIES, LLC

595 11TH AVENUE
NEW YORK, NY 10036

3b Administrator's EIN
20-0263558

3c Administrator's telephone number
212-254-2800

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**	63
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**	67
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	85
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	85
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	45
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 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)		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)			**H** (Financial Information)
(2)	X		**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
MOTHER INDUSTRIES, LLC 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-0263558

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
METLIFE 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
06-0566090	87726	940644	47	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
7955	589

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
JAY HOCHFELSEN
111 EXPRESS STREET
PLAINVIEW, NY 11803-2222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7955			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CREATIVE PLAN DESIGNS, LTD
90 MERRICK AVENUE, SUITE 102
EAST MEADOW, NY 11554

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	589	TO PROVIDE ASSET ALLOCATION ADVICE AND REBALANCING SERVICES	5

(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	31765
5	Current value of plan's interest under this contract in separate accounts at year end	5	1187848

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	14220
c	Additions: (1) Contributions deposited during the year	7c(1)	16777		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	768		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	17545
d	Total of balance and additions (add **b** and **c(6)**)			7d	31765
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	31765

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)**	0
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)**	0
(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)**	0
(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 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
MOTHER INDUSTRIES, LLC 401K 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
MOTHER INDUSTRIES, LLC

D Employer Identification Number (EIN)
20-0263558

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: BD77WC MFS VALUE PORTFOLIO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE 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)
06-0566090-000	P	14697

a Name of MTIA, CCT, PSA, or 103-12 IE: BD99WC MFS VALUE PORTFOLIO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE 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)
06-0566090-000	P	7322

a Name of MTIA, CCT, PSA, or 103-12 IE: CJ99WC LMP VAR GLO HI YLD BOND

b Name of sponsor of entity listed in (a): METLIFE INSURANCE 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)
06-0566090-000	P	913

a Name of MTIA, CCT, PSA, or 103-12 IE: DQ99WC BLACKROCK AGGRESSIVE GRO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE 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)
06-0566090-000	P	5098

a Name of MTIA, CCT, PSA, or 103-12 IE: DR77WC BLACKROCK LARGE CAP CORE

b Name of sponsor of entity listed in (a): METLIFE INSURANCE 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)
06-0566090-000	P	1036

a Name of MTIA, CCT, PSA, or 103-12 IE: DR99WC BLACKROCK LARGE CAP CORE

b Name of sponsor of entity listed in (a): METLIFE INSURANCE 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)
06-0566090-000	P	4528

a Name of MTIA, CCT, PSA, or 103-12 IE: D177WC FID VIP MID CAP PORT SC 2

b Name of sponsor of entity listed in (a): METLIFE INSURANCE 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)
06-0566090-000	P	6347

a Name of MTIA, CCT, PSA, or 103-12 IE: D199WC FID VIP MID CAP PORT SC 2

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20099

a Name of MTIA, CCT, PSA, or 103-12 IE: FT77WC FIDELITY CONTRAFUND - SC2

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15176

a Name of MTIA, CCT, PSA, or 103-12 IE: FT99WC FIDELITY CONTRAFUND - SC2

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52501

a Name of MTIA, CCT, PSA, or 103-12 IE: FY99WC MET/AIM SM CAP GRO PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194

a Name of MTIA, CCT, PSA, or 103-12 IE: F099WC DREMAN SMALL CAP VALUE

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5348

a Name of MTIA, CCT, PSA, or 103-12 IE: GF77WC LEGG MASON EQUITY INDEX

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: GF99WC LEGG MASON EQUITY INDEX

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: GV99WC WEST AS MGT U.S. GOVT POR

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56

a Name of MTIA, CCT, PSA, or 103-12 IE: HK77WC PIMCO TOTAL RETURN PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16428

a Name of MTIA, CCT, PSA, or 103-12 IE: HK99WC PIMCO TOTAL RETURN PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10375

a Name of MTIA, CCT, PSA, or 103-12 IE: HL99WC LORD ABB GRO AND INC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72707

a Name of MTIA, CCT, PSA, or 103-12 IE: HM99WC LEGG MASON VAR MONEY MKT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40415

a Name of MTIA, CCT, PSA, or 103-12 IE: HN99WC LORD ABB MID CAP VAL PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1985

a Name of MTIA, CCT, PSA, or 103-12 IE: HR99WC VAN KAMPEN COMSTOCK PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14426

a Name of MTIA, CCT, PSA, or 103-12 IE: H599WC METLIFE CONSER ALLOC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 803

a Name of MTIA, CCT, PSA, or 103-12 IE: H699WC MET CONSER-MOD ALLOC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6225

a Name of MTIA, CCT, PSA, or 103-12 IE: H799WC METLIFE MODER ALLOC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133366

a Name of MTIA, CCT, PSA, or 103-12 IE: H800WC MET MODER-AGGR ALLOC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25

a Name of MTIA, CCT, PSA, or 103-12 IE: H866WC MET MODER-AGGR ALLOC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25

a Name of MTIA, CCT, PSA, or 103-12 IE: H877WC MET MODER-AGGR ALLOC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65396

a Name of MTIA, CCT, PSA, or 103-12 IE: H899WC MET MODER-AGGR ALLOC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221487

a Name of MTIA, CCT, PSA, or 103-12 IE: H999WC METLIFE AGGRE ALLOC PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25266

a Name of MTIA, CCT, PSA, or 103-12 IE: IF77WC T. RO PRI LG CAP GRO PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 568

a Name of MTIA, CCT, PSA, or 103-12 IE: IF99WC T. RO PRI LG CAP GRO PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14674

a Name of MTIA, CCT, PSA, or 103-12 IE: IG99WC AMERICAN GROWTH FUND CL 2

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30603

a Name of MTIA, CCT, PSA, or 103-12 IE: II99WC AMERICAN GROWTH - IN CL 2

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8941

a Name of MTIA, CCT, PSA, or 103-12 IE: IK99WC OPPEN GLOBAL EQUITY PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6641

a Name of MTIA, CCT, PSA, or 103-12 IE: IL99WC AMERICAN GLOBAL FUND CL 2

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9156

a Name of MTIA, CCT, PSA, or 103-12 IE: IT77WC THIRD AVE SM CAP VAL PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6146

a Name of MTIA, CCT, PSA, or 103-12 IE: IT99WC THIRD AVE SM CAP VAL PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16681

a Name of MTIA, CCT, PSA, or 103-12 IE: I377WC CLARION GLBL REAL ESTATE

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3316

a Name of MTIA, CCT, PSA, or 103-12 IE: I399WC CLARION GLBL REAL ESTATE

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3404

a Name of MTIA, CCT, PSA, or 103-12 IE: JA99WC JANUSASPENSER ENTERPRISE

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 997

a Name of MTIA, CCT, PSA, or 103-12 IE: JJ99WC BR LEGACY LARGE CAP GRO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JS99WC T. ROWE PRICE SMALL CAPGR

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10672

a Name of MTIA, CCT, PSA, or 103-12 IE: JZ77WC METLIFE STOCK INDEX

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27475

a Name of MTIA, CCT, PSA, or 103-12 IE: JZ99WC METLIFE STOCK INDEX

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20965

a Name of MTIA, CCT, PSA, or 103-12 IE: KC99WC MET/AIM CAP APPRECIA PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: KR99WC LMPV FUNDAMENTAL VAL CL I

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 814

a Name of MTIA, CCT, PSA, or 103-12 IE: K277WC LAZARD MID CAP PORTFOLIO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278

a Name of MTIA, CCT, PSA, or 103-12 IE: K299WC LAZARD MID CAP PORTFOLIO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1002

a Name of MTIA, CCT, PSA, or 103-12 IE: LG99WC BLACKROCK LEGACY LGCAPGR

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68661

a Name of MTIA, CCT, PSA, or 103-12 IE: NJ99WC VK COMSTOCK PORTFOLIO CL2

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PM77WC PIMCO VIT TOT RET PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PM99WC PIMCO VIT TOT RET PORT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PR77WC PIMCO INFLATION PROT BOND

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 633

a Name of MTIA, CCT, PSA, or 103-12 IE: PR99WC PIMCO INFLATION PROT BOND

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3868

a Name of MTIA, CCT, PSA, or 103-12 IE: SA99WC LMPV SOCIAL AWARNESS PRT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 601

a Name of MTIA, CCT, PSA, or 103-12 IE: SS77WC LEGG MASON VAR SM CAP GRO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 288

a Name of MTIA, CCT, PSA, or 103-12 IE: SS99WC LEGG MASON VAR SM CAP GRO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7793

a Name of MTIA, CCT, PSA, or 103-12 IE: UW77WC FRANK SM-MID CAP GRO SEC			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	578
a Name of MTIA, CCT, PSA, or 103-12 IE: UW99WC FRANK SM-MID CAP GRO SEC			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17335
a Name of MTIA, CCT, PSA, or 103-12 IE: VG77WC TEMP FOREIGN SEC FND CL 2			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	549
a Name of MTIA, CCT, PSA, or 103-12 IE: VG99WC TEMP FOREIGN SEC FND CL 2			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32432
a Name of MTIA, CCT, PSA, or 103-12 IE: VQ77WC TEMPLETON DEVELOPING MKTS			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	291
a Name of MTIA, CCT, PSA, or 103-12 IE: VQ99WC TEMPLETON DEVELOPING MKTS			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15393
a Name of MTIA, CCT, PSA, or 103-12 IE: 1N99WC LMPV APPRECIATION CL I			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1024
a Name of MTIA, CCT, PSA, or 103-12 IE: 4A99WC JANUS FORTY PORTFOLIO			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16337
a Name of MTIA, CCT, PSA, or 103-12 IE: 4C77WC HARRIS OAKMARK INTER PORT			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	926
a Name of MTIA, CCT, PSA, or 103-12 IE: 4C99WC HARRIS OAKMARK INTER PORT			
b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY			
c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	49547

a Name of MTIA, CCT, PSA, or 103-12 IE: 4E99WC BLACKROCK HIGH YIELD

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3396

a Name of MTIA, CCT, PSA, or 103-12 IE: 4G99WC FI LARGE CAP PORTFOLIO

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: 4I99WC MFS TOTAL RETURN POR-CL F

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4803

a Name of MTIA, CCT, PSA, or 103-12 IE: 4J77WC PIONEER STRATEGIC INCOME

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10736

a Name of MTIA, CCT, PSA, or 103-12 IE: 4J99WC PIONEER STRATEGIC INCOME

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18746

a Name of MTIA, CCT, PSA, or 103-12 IE: 4O99WC LEGG MASON INVES GRD BND

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1053

a Name of MTIA, CCT, PSA, or 103-12 IE: 4W77WC BLACKROCK BND INC-CL A

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9817

a Name of MTIA, CCT, PSA, or 103-12 IE: 4W99WC BLACKROCK BND INC-CL A

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2037

a Name of MTIA, CCT, PSA, or 103-12 IE: 4Y77WC TEMPLETON GROWTH FUND INC

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11313

a Name of MTIA, CCT, PSA, or 103-12 IE: 4Y99WC TEMPLETON GROWTH FUND INC

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

c EIN-PN 06-0566090-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5114

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

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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 I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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
MOTHER INDUSTRIES, LLC 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOTHER INDUSTRIES, LLC

D Employer Identification Number (EIN)
20-0263558

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	**1a**	783662	1244613
b	Total plan liabilities	**1b**	0	0
c	Net plan assets (subtract line 1b from line 1a)	**1c**	783662	1244613
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	**2a(1)**	0	
	(2) Participants	**2a(2)**	272166	
	(3) Others (including rollovers)	**2a(3)**	27526	
b	Noncash contributions	**2b**	0	
c	Other income	**2c**	246899	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	**2d**		546591
e	Benefits paid (including direct rollovers)	**2e**	85640	
f	Corrective distributions (see instructions)	**2f**	0	
g	Certain deemed distributions of participant loans (see instructions)	**2g**	0	
h	Administrative service providers (salaries, fees, and commissions)	**2h**	0	
i	Other expenses	**2i**	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	**2j**		85640
k	Net income (loss) (subtract line 2j from line 2d)	**2k**		460951
l	Transfers to (from) the plan (see instructions)	**2l**		0

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	**3a**		X	
b	Employer real property	**3b**		X	
c	Real estate (other than employer real property)	**3c**		X	
d	Employer securities	**3d**		X	
e	Participant loans	**3e**	X		25000

		Yes	No	Amount
3f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

4 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		81000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	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
MOTHER INDUSTRIES, LLC 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOTHER INDUSTRIES, LLC

D Employer Identification Number (EIN)
20-0263558

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): 20-0263558

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):

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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):