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
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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

450 FERGUSON DRIVE
MOUNTAIN VIEW, CA 94043-5214

2b Employer Identification Number (EIN) 91-0832878

2c Sponsor's telephone number 650-967-3085

2d Business code (see instructions) 532400

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	KEVIN CONNELL
	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")
AUTO-CHLOR SYSTEM, INC.

450 FERGUSON DRIVE
MOUNTAIN VIEW, CA 94043-5214

3b Administrator's EIN
91-0832878

3c Administrator's telephone number
650-967-3085

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**	740
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**	626
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	187
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	813
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	813
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	573
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	30
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:
2A 2E 2F 2H 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)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO-CHLOR SYSTEM, INC.

D Employer Identification Number (EIN)
91-0832878

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

STANCORP FINANCIAL GROUP

93-1253576

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

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

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

STANCORP FINANCIAL GROUP

93-1253576

(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?
12 15 18 19 50 60	NONE	5923	Yes [X] No [ ]	Yes [ ] No [X]	33485	Yes [ ] No [X]

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

CHARLES SCHWAB TRUST

42-1558009

(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?
19 59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	7349	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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
STANCORP FINANCIAL GROUP	60	24443
(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.	
CHARLES SCHWAB TRUST 42-1558009	SERVICE CODE 60 SUBTA PAID TO SFG	

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AUTO-CHLOR SYSTEM, INC.

D Employer Identification Number (EIN)
91-0832878

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: MET MASTER TRUST 25259

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
58-1428634-007	C	192755

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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a Plan name

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

a Plan name

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

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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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO-CHLOR SYSTEM, INC.

D Employer Identification Number (EIN)
91-0832878

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		59374
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1408672	1648210
(2) Participant contributions	1b(2)		3024
(3) Other	1b(3)	12500	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	154599	383
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	970444	1292814
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	850000	850000
(7) Loans (other than to participants)	1c(7)	787500	850000
(8) Participant loans	1c(8)	372947	356912
(9) Value of interest in common/collective trusts	1c(9)	184847	192755
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12613119	18426176
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	17354628	23679648
	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	17354628	23679648

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)	1648210	
	(B) Participants	2a(1)(B)	684171	
	(C) Others (including rollovers)	2a(1)(C)	50391	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2382772
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	26504	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26504
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	16761	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	223885	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		240646
	(3) Rents	2b(3)		63000
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4677700
c Other income	2c		62500
d Total income. Add all **income** amounts in column (b) and enter total	2d		7453122
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1107227	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1107227
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		12500
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8375	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8375
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1128102
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		6325020
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BURR PILGER MAYER, INC. (2) EIN: 26-3839190

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		850000
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
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO-CHLOR SYSTEM, INC.

D Employer Identification Number (EIN)
91-0832878

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): 42-1558009

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):

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS

for the year ended December 31, 2009

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN

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BPM
BURR PILGER MAYER
Building your future

INDEPENDENT AUDITORS' REPORT

Mr. Jerry Ivy, Trustee of
Auto-Chlor System, Inc.
Profit Sharing and 401(k) Plan
Mountain View, California

We were engaged to audit the accompanying statements of net assets available for benefits of Auto-Chlor System, Inc. Profit Sharing and 401(k) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of Schedule H, line 4i–Schedule of Assets (Held at End of Year) as of the year ended December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Charles Schwab Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Burr Pilger Mayer, Inc.

San Francisco, California
September 29, 2010

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Participant-directed investments, at fair value:		
Guaranteed investment contract	$ 192,755	$ 184,847
Mutual funds	3,365,648	2,137,435
Participant loans	356,912	372,947
Cash and cash equivalents	22,539	92,176
Total participant-directed investments	3,937,854	2,787,405
Nonparticipant-directed investments, at fair value:		
Mutual funds	15,060,528	10,475,684
Cash and cash equivalents	37,218	62,423
Notes receivable, secured by first deeds of trust	850,000	787,500
Corporate equities	1,292,814	970,444
Commercial rental real estate	850,000	850,000
Total nonparticipant-directed investments	18,090,560	13,146,051
Receivables:		
Employer contribution receivable	1,648,210	1,408,672
Participants' salary deferrals receivable	3,024	-
Interest receivable	-	12,500
Total receivables	1,651,234	1,421,172
Net assets available for benefits	$ 23,679,648	$ 17,354,628

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

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

for the year ended December 31, 2009

Additions to net assets attributable to:	
Investment income:	
Net appreciation in fair value of investments–mutual funds and stocks, net of fees	$ 4,664,965
Net appreciation in fair value of investments–notes receivable	62,500
Interest and dividends–money market, guaranteed investment contracts, mutual funds, and stocks	253,381
Rental income	63,000
Interest income–participant loans	26,504
Total investment income	5,070,350
Contributions and rollovers:	
Employer contributions	1,648,210
Participants' salary deferrals	684,171
Rollovers	50,391
Total contributions and rollovers	2,382,772
Total additions to net assets	7,453,122
Deductions from net assets attributable to:	
Benefits paid to participants	1,107,227
Uncollectible interest written off	12,500
Administrative expenses	8,375
Total deductions from net assets	1,128,102
Net increase in net assets	6,325,020
Net assets available for benefits at beginning of year	17,354,628
Net assets available for benefits at end of year	$ 23,679,648

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

1. Description of Plan

The following description of the Auto-Chlor System, Inc. Profit Sharing and 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a salary deferral arrangement established under Section 401(k) of the Internal Revenue Code. The Plan was originally established by Auto-Chlor System of Washington, Inc. (the Company) in January 1969. The Plan was amended and restated effective May 1, 2002. Under the 2002 amendment, the Plan's name was changed from the Auto-Chlor System of Washington, Inc. Profit Sharing Retirement Plan to the Auto-Chlor System, Inc. Profit Sharing and 401(k) Plan and a salary deferral arrangement was added. The employers are referred to herein as Auto-Chlor.

All employees, excluding leased employees and union employees, who have reached the age of 21 and who have completed three months of service with Auto-Chlor are eligible on the first day of the following month for participation in the 401(k) portion of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and certain provisions of the Internal Revenue Code (IRC).

Plan Administration

The Company uses a third party administrator, The Standard, to assist with record keeping and administration of the Plan, including the authority and responsibility to invest, manage, and control the assets of the Plan specifically allocated to the custodian. Charles Schwab Trust Company was the appointed custodian for the Plan in 2009 and 2008, and acted at the direction of the Plan's administrator. The Company paid the majority of all necessary and proper expenses incurred in the administration of the Plan. Such expenses are primarily comprised of legal fees, auditing fees, and expenses relating to the maintenance of the Plan's records.

Contributions

Auto-Chlor may make elective profit sharing contributions to the Plan. If any such contributions are made, the Trustees allocate them among various investment choices, including mutual funds, common collective funds, money market funds, corporate equities, real estate, and mortgage notes receivable. Participants are prohibited from selling investments made with profit sharing contributions while they are employed by the Company unless the participant is required to take a mandatory distribution, is approved for hardship withdrawal, or takes a loan from their account. In 2009, the Company made an elective profit sharing contribution in the amount of $1,648,210. Participants are eligible for the profit sharing contribution once they have attained the age of 21 and completed six months of service prior to the first day of the Plan year, are employed on the last day of the Plan year, and have completed one year of service, defined as 1,000 hours of service.

Continued

1. **Description of Plan**, continued

Contributions, continued

Each year, participants may voluntarily contribute to the Plan a minimum of a portion of their annual eligible compensation, up to the maximum amount allowable under current income tax regulations which was $16,500 for 2009. Participants may also contribute amounts rolled over from other qualified plans, and if the participants are 50 or older, they may elect to defer additional amounts (called catch-up contributions) to the Plan. The catch-up contributions may be deferred regardless of any other limitation on the amount that a participant may defer to the Plan. The maximum catch up contribution for 2009 was $5,500.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of Auto-Chlor's discretionary profit-sharing contribution, participant rollovers, and Plan earnings and losses thereon. Plan earnings are allocated based upon each participant's account balance. Employer discretionary profit-sharing contributions are allocated based upon the greater of a discretionary percentage of each participant's eligible compensation or a discretionary minimum dollar value per eligible pay period.

Certain investment fees are charged to the mutual funds and corporate equities and are offset against Plan investment income and losses as presented on the statement of changes of net assets available for benefits. Participants should refer to the prospectuses of these funds for details on the various types and amounts of investment fees charged to the Plan and their individual accounts.

Vesting

Participant contributions, rollovers, and net earnings on these contributions, are fully vested when made or earned.

Discretionary employer contributions, if any, as well as all earnings on these contributions vest according to the following schedule:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Continued

1. **Description of Plan**, continued

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years or longer as permitted by the Plan administrator for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest as determined by Plan management at the time of loan origination. Interest rates on outstanding loans ranged from 5% to 10.25% per annum at December 31, 2009. Principal and interest are paid in equal installments through payroll deductions. Any outstanding loan will become due and payable upon termination of employment.

Participants may pay the balance of the loan directly by writing a check payable to the Plan for the balance of the loan plus any accrued interest. If the loan is not repaid in this fashion, the balance of the loan plus any accrued interest will be deducted from the participant's distribution from the Plan.

Payment of Benefits

On termination of service for reasons other than death, a participant will receive an amount equal to the value of the Participant's vested interest in his or her account. If vested balance is more than $5,000, the participant may elect distribution under any of the following methods: (a) lump sum, (b) part lump sum and part installments, or (c) installment payments (annually, quarterly, or monthly) over a specified period of time, not to exceed the participant's life expectancy, or the joint life expectancy of the Participant and the Participant's designated beneficiary. For termination of service due to death, the participant's beneficiary will receive the value of the vested interest in the participant's account in a lump-sum cash distribution. If the vested interest in the account does not exceed $5,000, then a lump-sum distribution will be made as soon as administratively practicable following the termination of employment. However, the participant may elect whether to receive the distribution or to roll over the distribution to another retirement plan such as an individual retirement account (IRA). If the amount of the distribution is more than $1,000 and the participant does not elect either to receive or to roll over the distribution, then under the law of 401(a)(31)(B) of the Internal Revenue Code the distribution must be rolled over to an IRA. The IRA provider will invest the rollover funds in a type of investment designed to preserve principal and provide a reasonable rate of return and liquidity. The Plan's normal retirement age is 62.

Investment Options

Upon enrollment in the Plan, a participant may direct his or her contributions in percentage increments into a series of mutual funds and a money market fund offered by the Plan. Participants may change their investment options at any time.

Continued

1. **Description of Plan**, continued

Forfeitures

On or before each anniversary date any forfeiture may be made available to reinstate previously forfeited account balances of former participants, used toward any employer discretionary contribution, or used to pay any administrative expenses of the Plan. Forfeited balances of terminated participants' nonvested accounts are allocated based on participant groups as if the forfeitures were additional employer contributions.

At December 31, 2009 and 2008, forfeited nonvested accounts totaled approximately $155,800 and $40,000, respectively. During the year 2009, forfeited funds in the amount of $39,991 were allocated to participants in accordance with Plan guidelines.

2. **Summary of Significant Accounting Policies**

Method of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities and changes in net assets available for benefits. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Investment contracts held by a defined-contribution plan are required to be at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts, which also approximates the contract value of the investment contracts. As such, there is no adjustment of the fully benefit responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Continued

2. **Summary of Significant Accounting Policies**, continued

Investment Valuation and Income Recognition, continued

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

Recognition of Benefit Payment

Benefits are recorded when paid.

3. **Fair Value Measurement** (unaudited)

Accounting Standards for fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under accounting standards are described below:

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

Level 2–Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Continued

3. **Fair Value Measurement** (unaudited), continued

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

Guaranteed investment contract: Valued by discounting the related cash flows based on current yields of similar instruments with comparable durations.

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

Participant loans: Valued at amortized cost, which approximates fair value.

Cash and cash equivalents: Valued based on the number of shares held by the plan at year end.

Notes receivable, secured by first deeds of trust: Valued based on estimated realizable value, which approximates fair value.

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

Commercial rental real estate: Valued based upon an independent valuation of the rental property during June 2010. Rental income is recorded when earned.

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

Continued

3. **Fair Value Measurement** (unaudited), continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value at December 31, 2009			
	Level 1	Level 2	Level 3	Total
Participant-directed:				
Mutual funds:				
Large funds	$ 981,159	$ -	$ -	$ 981,159
Mid-cap funds	314,110	-	-	314,110
Foreign large blend funds	442,308	-	-	442,308
Small value funds	122,388	-	-	122,388
Moderate allocation funds	880,113	-	-	880,113
Other funds	625,570	-	-	625,570
Total mutual funds	3,365,648	-	-	3,365,648
Guaranteed investment contract	-	192,755	-	192,755
Cash and cash equivalents	22,539	-	-	22,539
Participant loans	-	-	356,912	356,912
	3,388,187	192,755	356,912	3,937,854
Nonparticipant-directed:				
Cash and cash equivalents	37,218	-	-	37,218
Notes receivable	-	-	850,000	850,000
Commercial real estate	-	-	850,000	850,000
Mutual funds:				
Large funds	9,357,218	-	-	9,357,218
Mid-cap funds	1,381,571	-	-	1,381,571
Foreign large funds	2,326,205	-	-	2,326,205
Small funds	1,995,534	-	-	1,995,534
Total mutual funds	15,060,528	-	-	15,060,528
Corporate equities	1,292,814	-	-	1,292,814
	16,390,560	-	1,700,000	18,090,560
	$ 19,778,747	$ 192,755	$ 2,056,912	$ 22,028,414

Continued

3. **Fair Value Measurement** (unaudited), continued

	Assets at Fair Value at December 31, 2008			
	Level 1	Level 2	Level 3	Total
Participant-directed:				
Mutual funds	$ 2,137,435	$ -	$ -	$ 2,137,435
Guaranteed investment contract	-	184,847	-	184,847
Cash and cash equivalents	92,176	-	-	92,176
Participant loans	-	-	372,947	372,947
	2,229,611	184,847	372,947	2,787,405
Nonparticipant-directed:				
Cash and cash equivalents	62,423	-	-	62,423
Notes receivable	-	-	787,500	787,500
Commercial real estate	-	-	850,000	850,000
Mutual funds	10,475,684	-	-	10,475,684
Stock	970,444	-	-	970,444
	11,508,551	-	1,637,500	13,146,051
	$ 13,738,162	$ 184,847	$ 2,010,447	$ 15,933,456

Level 3 Gains and Losses

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

	Level 3 Assets			
	Participant Loans	Notes Receivable	Commercial Real Estate	Total
Balance as of January 1, 2009	$ 372,947	$ 787,500	$ 850,000	$ 2,010,447
Net appreciation	-	62,500	-	62,500
Issuances, repayments and settlements, net	(16,035)	-	-	(16,035)
Balance as of December 31, 2009	$ 356,912	$ 850,000	$ 850,000	$ 2,056,912

Continued

4. **Nonparticipant-Directed Investments**

Nonparticipant-directed investments are funded by Plan sponsor discretionary profit sharing contributions. As described in Note 1, participants are restricted in their ability to sell or transfer any portion of their share of the nonparticipant-directed investments while they are employed by the Company.

Information about the nonparticipant-directed net assets is presented in the accompanying financial statements. The significant components of the changes in net assets relating to the nonparticipant-directed investments for the year ended December 31, 2009 were as follows:

Changes in net assets for the year ended December 31, 2009:

Employer contributions	$ 1,648,210
Net appreciation in fair value of investments	4,079,311
Interest and dividends	178,332
Rental income–commercial real estate	63,000
	$ 5,968,853

5. **Investment Information Prepared and Certified by the Custodian** (unaudited)

The following schedule is a summary of financial data certified by Charles Schwab Trust Company at December 31, 2009 and 2008 and for the year ended December 31, 2009 as complete and accurate in accordance with Section 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2009	2008
Investments, at fair value:		
Cash and cash equivalents	$ 59,757	$ 135,609
Mutual funds–participant directed	$ 3,365,648	$ 2,137,435
Mutual funds–nonparticipant directed	$ 15,060,528	$ 10,475,684
Participant loans	$ 356,912	$ 372,947
Guaranteed investment contract	$ 192,755	$ 184,847
Interest and dividend income	$ 240,646	N/A
Interest income–participant loans	$ 26,504	N/A
Net appreciation in fair value of investments	$ 4,440,912	N/A

Continued

6. **Investments**

The fair value of individual investments that represented five percent (5%) or more of the Plan's net assets at December 31, 2009 and 2008 follows:

	2009	2008
Growth Fund of America Class A	$ 3,116,512 *	$ 2,114,448 *
Davis New York Venture Fund Class A	1,654,385 *	1,140,393 *
Dodge & Cox Stock Fund	1,634,363 *	1,107,542 *
Vanguard 500 Index	1,505,457 *	1,170,811 *
Van Kampen Growth and Income Class A	1,446,501 *	1,090,462 *
Europacific Growth Fund	1,186,266 *	-

*Nonparticipant-directed

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $4,727,465 as follows:

Guaranteed investment contract	$ 6,109
Notes receivable	62,500
Corporate equities	286,620
Mutual funds	4,372,236
	$ 4,727,465

7. **Commercial Real Estate**

The Plan holds commercial real estate located in Philomath, Oregon. The building is leased to the U.S. Postal Service. The original lease expired on December 31, 2001. The U.S. Postal Service timely exercised the first of its four options to extend its lease. Under this option exercise, the lease was extended for five years, effective January 1, 2002, and expired on December 31, 2006 with three five-year renewal options remaining.

The U.S. Postal Service timely exercised the second of its four options to extend its lease. Under this option exercise, the lease was extended for five years, effective January 1, 2007, and it is to expire on December 31, 2011 with two five-year renewal options remaining. As of December 31, 2009, future non-cancelable lease payments to be made is $63,000.

Continued

8. **Notes Receivable**

As of December 31, 2009, the Plan had investments in three separate notes receivable; interest rates ranged from 10% to 11% per annum; notes receivable were secured by first deeds of trust on commercial, investment, and personal residence real estate in California. The notes require monthly interest-only payments with principal due on various maturity dates. Notes have matured as of December 31, 2009, and no interest was received in 2009. Due to un-collectability of interest, no accrued interest has been recorded and principal of notes receivable has been adjusted to reflect fair value, the estimated realizable value. Subsequent to year end one of the properties securing one of the notes receivable was transferred and put into a single asset LLC, where the Plan is now named as a member of the LLC and the principal of the note receivable was converted into a capital contribution.

9. **Investment Contract with Insurance Company**

The Plan holds a benefit-responsive investment contract with MetLife Insurance Company (MetLife). The assets are invested in a MetLife separate account. MetLife will guarantee principal and accrued interest based on credited interest rates, for participant-initiated withdrawals as long as the contract remains active. Interest is credited to the contract at interest rates that reflect the performance of the underlying portfolio. The minimum interest credit rating is 0%. MetLife resets the rate quarterly by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the Fund's investments. Participants will receive the principal and accrued earnings credited to their accounts on withdrawal for allowed events. These events include transfers to other Plan investment options, and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan.

	2009	2008
Average yields:		
Based on actual earnings	11.21%	(3.82)%
Based on interest rate credited to participants	3.42%	4.62 %

10. **Party-In-Interest Transactions**

Certain Plan investments in mutual funds are managed by Charles Schwab Trust Company, the custodian of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Continued

11. **Risk and Uncertainties**

The Plan provides for various investment options in any combination of mutual funds and other investment securities, nonparticipant-directed notes receivable and commercial real estate offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks will occur in the near term that could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

12. **Tax Status**

The Trust established under the Plan is intended to qualify pursuant to Section 501(a) of the Internal Revenue Code. The Plan itself is intended to qualify under Section 401(a) of the Internal Revenue Code, and accordingly, is exempt from federal and state income taxes. The Plan as amended and restated effective May 1, 2002, adopted a volume submitter plan that received a favorable notification letter on September 4, 2001, 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 Administrator believes that the Plan is currently designed and being operated in accordance with, and qualifies under, the applicable requirements of the Internal Revenue Code and related state statutes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

13. **Plan Termination**

Although the Company has not expressed intent to do so, the Company has the right under the Plan's provisions to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants who are not already fully vested will become fully vested in their accounts.

14. **Subsequent Events**

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through September 29, 2010, the date which these financial statements were available to be issued. Effective January 1, 2010 as mentioned on Note 8, a note receivable investment has converted into an equity investment in an LLC. Also, effective September 1, 2010, the Plan assets will be managed by Silicon Valley Retirement Services and Riversedge, a new third party administrator. Management concluded that no other material subsequent events have occurred since December 31, 2009 that requires recognition or disclosure in such financial statements.

SUPPLEMENTAL SCHEDULE

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN

(Plan No. 001 - EIN 91-0832878)

SCHEDULE H, LINE 4i–SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Units	(d) Cost	(e) Current Value
	Nonparticipant-directed investments:				
*	Charles Schwab Retirement Advt Mkt	Cash and cash equivalents, various interest rates	383	$ 383	$ 383
	Cash	Cash and cash equivalents	36,835	36,835	36,835
				37,218	37,218
	Growth Fund of America Class A	Mutual funds	114,033	3,305,710	3,116,512
	Davis New York Venture Fund Class A	Mutual funds	53,402	1,764,966	1,654,385
	Dodge & Cox Stock Fund	Mutual funds	17,000	2,071,788	1,634,363
	Vanguard Index 500 Fund	Mutual funds	17,751	1,641,390	1,505,457
	Van Kampen Growth & Income Class A	Mutual funds	83,710	1,572,180	1,446,501
	Europacific Growth Fund	Mutual funds	30,941	1,141,801	1,186,266
	Dodge & Cox Stock International Fund	Mutual funds	35,791	1,288,606	1,139,939
	Artisan Midcap Value Fund	Mutual funds	49,812	920,892	895,623
	Baron Growth Fund	Mutual funds	19,248	830,299	795,139
	Northern Small Cap Value Fund	Mutual funds	62,259	933,320	765,163
	T. Rowe Price Mid Capital Growth Fund	Mutual funds	10,233	482,534	485,948
	Columbia Acorn Fund Class A	Mutual funds	18,150	449,535	435,232
				16,403,019	15,060,528
	Commercial Real Estate	Commercial Real Estate	1	525,000	850,000
	Notes Receivable	Secured by Real Estate, interest at 10%-11%, due dates from December 31, 2007 to May 1, 2009	3	950,000	850,000

*Party-in-interest

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
(Plan No. 001 - EIN 91-0832878)
SCHEDULE H, LINE 4i–SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Units	(d) Cost	(e) Current Value
	Nonparticipant-directed investments:				
	Ace Limited	Common Stock	900	$ 13,770	$ 45,360
	Adobe Systems Inc	Common Stock	1,040	21,809	38,251
	Alcon Inc	Common Stock	245	33,009	40,266
	Alliant Techsystems Inc	Common Stock	405	23,133	35,749
	American Movil Sab L ADRF	Common Stock	550	33,859	25,839
	Amphenol Corp Cl A	Common Stock	710	25,709	32,788
	Apple Inc	Common Stock	303	37,968	63,852
	Becton Dickinson & Company	Common Stock	390	33,265	30,755
	Berkshire Hathaway C1 A	Common Stock	100	***	99,200
	Cisco Systems Inc	Common Stock	1,125	33,849	26,933
	Conocophillips	Common Stock	550	5,641	28,089
	Devon Energy Corp New	Common Stock	500	25,635	36,750
	Emerson Electric Co	Common Stock	725	33,363	30,885
	Energizer Holding Company	Common Stock	360	24,190	22,061
	Franklin Resources Inc	Common Stock	300	33,725	31,605
	Google Inc Class A	Common Stock	85	39,217	52,698
	I T T Educ Svcs Inc	Common Stock	275	27,215	26,389
	Intuit Inc	Common Stock	725	14,897	22,279
	Johnson & Johnson	Common Stock	385	7,769	24,798
	Lincoln Elec Hldgs Inc	Common Stock	430	24,342	22,988
	Microsoft Corp	Common Stock	1,775	16,518	54,102
	Nike Inc	Common Stock	570	30,310	37,660
	Novo-Nordisk	Common Stock	555	26,029	35,437
	Oracle Corporation	Common Stock	2,375	39,642	58,259
	Pepsico Incorporated	Common Stock	775	20,254	47,120
	Petroleo Barsileiro	Common Stock	655	29,490	31,230
	Procter & Gamble	Common Stock	675	41,858	40,925
	Rockwell Collins Inc	Common Stock	500	35,473	27,680
	Teva Pharm Inds Ltd Adrf	Common Stock	550	23,173	30,899
	Transocean Inc New F	Common Stock	314	37,953	25,999
	United Technologies Corp	Common Stock	750	***	52,058
	Wal-Mart Stores Inc	Common Stock	590	28,549	31,536
	Walgreen Company	Common Stock	1,225	40,745	44,982
	Wells Fargo	Common Stock	735	11,720	19,838
*	Schwab Money Market Fund	Money Market	17,556	17,555	17,555
				891,633	1,292,814
	Total nonparticipant-directed investments			$ 18,806,870	$ 18,090,560

*Party-in-interest

***Cost basis not provided

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
(Plan No. 001 - EIN 91-0832878)
SCHEDULE H, LINE 4i–SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	Participant-directed investments:		
*	Schwab MarketTrack Balanced	Mutual funds	$ 503,085
	Europacific Growth Fund R4	Mutual funds	442,308
	Growth Fund of America R4	Mutual funds	440,064
	Vanguard Short-Term Fund	Mutual funds	377,028
	Vanguard 500 Index Fund	Mutual funds	366,966
	American Beacon Large Cap Value	Mutual funds	351,275
	Calvert Income Fund	Mutual funds	274,295
	Vanguard Small Cap Index Fund	Mutual funds	174,129
	Columbia Acorn Fund Z	Mutual funds	171,974
	Artisan Mid Cap Value Fund	Mutual funds	142,136
	Northern Small Cap Value Fund	Mutual funds	122,388
			3,365,648
	Cash	Cash and cash equivalents	22,539
*	Participant loans at fair value	Various maturities at interest rates of 5% to 10.25%	356,912
	Metlife Managed GIC	Guaranteed investment contract	192,755
	Total participant-directed investments		$ 3,937,854

*Party-in-interest

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

Plan Name AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN **EIN:** 91-0832878
Plan Sponsor's Name AUTO-CHLOR SYSTEM, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN BEACON	LARGECAP MUTUAL FUND	382,336	351,275
	ARTISAN	MIDCAP VALUE MUTUAL FUND	1,057,625	1,037,758
	BARON	GROWTH MUTUAL FUND	830,299	795,139
	CALVERT	INCOME MUTUAL FUND	278,756	274,295
	COLUMBIA ACORN	FUND Z MUTUAL FUND	119,965	171,974
	COLUMBIA ACORN	FUND A MUTUAL FUND	449,535	435,229
	DAVIS NEW YORK	VENTURE FUND A MUTUAL FUND	1,764,966	1,654,385

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

Plan Name AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN **EIN:** 91-0832878
Plan Sponsor's Name AUTO-CHLOR SYSTEM, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DODGE & COX	INTL STOCK MUTUAL FUND	1,288,606	1,139,939
	DODGE & COX	STOCK MUTUAL FUND	2,071,788	1,634,363
	EUROPACIFIC	GROWTH MUTUAL FUND	1,141,801	1,186,266
	EUROPACIFIC	GROWTH FUND R4 MUTUAL FUND	440,934	442,308
	GROWTH FUND	OF AMERICA FUND A MUTUAL FUND	3,305,710	3,116,512
	GROWTH FUND	OF AMERICA FUND R4 MUTUAL FUND	444,674	440,064
	NORTHERN	SMALL-CAP VALUE MUTUAL FUND	1,068,865	887,551

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

Plan Name AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN **EIN:** 91-0832878
Plan Sponsor's Name AUTO-CHLOR SYSTEM, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	SCHWAB MARKETTRACK	BALANCED MUTUAL FUND	509,071	503,085
	SCHWAB RETIREMENT	ADVTG MONEY MUTUAL FUND	383	383
	T ROWE PRICE	MID-CAPITAL GROWTH MUTUAL FUND	482,534	485,948
	VAN KAMPEN	GROWTH & INCOME CLASS A MUTUAL FUND	1,572,180	1,446,501
	VANGUARD	500 INDEX SIGNAL MUTUAL FUND	2,039,040	1,872,423
	VANGUARD	SHORT-TERM MUTUAL FUND	371,045	377,028
	VANGUARD	SMALL-CAP INDEX MUTUAL FUND	173,277	174,129

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

Plan Name AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN **EIN:** 91-0832878
Plan Sponsor's Name AUTO-CHLOR SYSTEM, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	METLIFE GIC	COLLECTIVE TRUST	184,733	192,755
*	LOAN FUND	LOANS : 5.00% - 10.25%	0	356,912