Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRI DAL, LTD 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1989

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

540 COMMERCE STREET
SOUTHLAKE, TX 76092-9113

2b Employer Identification Number (EIN)
75-2588032

2c Sponsor's telephone number
817-481-2886

2d Business code (see instructions)
238900

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.	10/08/2010	RICHARD J MULLER
	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")

TRI DAL, LTD

540 COMMERCE STREET
SOUTHLAKE, TX 76092-9113

3b Administrator's EIN: 75-2588032

3c Administrator's telephone number: 817-481-2886

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**	267
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**	215
b	Retired or separated participants receiving benefits	**6b**	7
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	231
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	231
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	90
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

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

A Name of plan	B Three-digit plan number (PN) ▶	
TRI DAL, LTD 401K PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
TRI DAL, LTD	75-2588032

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).. . . . . ☐ 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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 28	INVESTMENTS	28665	Yes [X] No [ ]	Yes [X] No [ ]	18987	Yes [ ] No [X]

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

CLARKE LANZEN SKALLA INVESTMENT FIR

4020 SOUTH 147TH STREET
OMAHA, NE 68137

13-4109249

(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?
22 27	INVESTMENTS	24856	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JADE PLAN SERVICES, INC.

P.O. BOX 470185
3112 WEST 4TH STREET
FORT WORTH, TX 76107-2113

75-1808704

(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?
13 14 16 22 27	ADMINISTRATION	5195	Yes [X] No [ ]	Yes [X] No [ ]	6470	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 ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
TRI DAL, LTD 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRI DAL, LTD

D Employer Identification Number (EIN)
75-2588032

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	54630	41003
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	54299	60960
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	137656	149404
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2146629	3032533
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2393214	3283900
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	631	1272
k Total liabilities (add all amounts in lines 1g through1j)	1k	631	1272
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2392583	3282628

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)	41003	
(B) Participants	2a(1)(B)	237285	
(C) Others (including rollovers)	2a(1)(C)	1265	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		279553
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)	3196	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3196
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		745319
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1028068
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	133012	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	5011	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		138023
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		138023
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		890045
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: LANE GORMAN TRUBITT, LLP (2) EIN: 75-1044330

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
TRI DAL, LTD 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRI DAL, LTD

D Employer Identification Number (EIN)
75-2588032

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): 31-4516830

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):

TRI DAL, LTD. 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2009 AND 2008

TRI DAL, LTD. 401(K) PROFIT SHARING PLAN

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Lane Gorman Trubitt, L.L.P.
Accountants & Advisors

Report of Independent Certified Public Accountants

The Trustees and Participants
Tri Dal, Ltd. 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedules of the Tri Dal, Ltd. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 2520.103-8 of the United States 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 the Nationwide Life Insurance Company, (the "Custodian" of the Plan), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications 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 schedules, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lane Gorman Trubitt, L.L.P.

Dallas, Texas
September 14, 2010

Tri Dal, Ltd. 401(k) Profit Sharing Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2009	2008
ASSETS		
Investments at fair value:		
Money market accounts	$ 60,960	$ 54,299
Mutual funds	3,031,311	2,146,629
Participant loans	149,404	137,656
Total investments	3,241,675	2,338,584
Receivables:		
Employer contributions	41,003	54,630
Total receivables	41,003	54,630
Total assets	3,282,678	2,393,214
LIABILITIES		
Refundable excess contributions	6,257	10,294
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,276,421	$ 2,382,920

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

Tri Dal, Ltd. 401(k) Profit Sharing Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31,

	2009	2008
ADDITIONS		
Investment income:		
Interest and dividends	$ 2,615	$ 8,627
Net appreciation in fair value of investments	745,319	-
Contributions:		
Employer	41,003	55,028
Participants	238,550	345,075
Total additions	1,027,487	408,730
DEDUCTIONS		
Net depreciation in fair value of investments	-	1,397,131
Withdrawals and benefit payments to participants	127,729	132,916
Refund of excess contributions	6,257	10,294
Total deductions	133,986	1,540,341
NET INCREASE (DECREASE) IN NET ASSETS	893,501	(1,131,611)
NET ASSETS AVAILABLE FOR BENEFITS at beginning of year	2,382,920	3,514,531
NET ASSETS AVAILABLE FOR BENEFITS at end of year	$ 3,276,421	$ 2,382,920

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

1. DESCRIPTION OF THE PLAN

The following description of the Tri Dal, Ltd. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provision.

General

The Plan is a defined contribution plan established by Tri Dal, Ltd. under the provision of Section 401(a) of the United States Internal Revenue Code (the "IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees with Tri Dal, Ltd., Tri Dal Excavation & Utilities, Inc. and Sunrise Utilities, LLC. These companies are collectively referred to as the "Company".

All employees of the Company, except those employees who are subject to a collective bargaining agreement, who have completed one year of service, as defined, are eligible to participate, provided they are at least 21 years of age. The Plan was amended and restated to compliance with the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") and other legislative and regulatory changes effective January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan is administered by the Pension Committee which is appointed by the Board of Directors of the Company. The Plan's Custodian is responsible for the custody and management of the Plan's assets.

Management has evaluated subsequent events through September 14, 2010, the date the financial statements were available to be issued.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other eligible retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

A participant must have completed 1,000 hours of service and be employed on the last day of the Plan year in order to share in the employer contribution. For employees eligible for an employer contribution during 2009, the Company was obligated to match 20 percent of the participant's contribution up to 10 percent of compensation.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer matching and non-elective contributions, as well as the participant's share of investment income, appreciation (depreciation) and any related administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of vesting service. A participant is 100 percent vested after six years of credited service.

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 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates. A participant may only have two loans currently outstanding from the Plan. Principal and interest are paid ratably through payroll deductions.

1. DESCRIPTION OF THE PLAN (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct the contributions made to the Plan, for or on behalf of the participant, to any one or more of the investment funds determined at the discretion of the Pension Committee and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. Benefits are recorded when paid. No hardship distributions are permitted under the Plan.

Forfeited Accounts

Forfeitures represent unvested portions of terminated participants' accounts. These funds may be allocated to reduce the Company's matching contributions or discretionary contributions in accordance with the Plan document. At December 31, 2009 and 2008 forfeited accounts totaled $5,570 and $2,209, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Changes in market value are reflected in operations. The fair value of investments in mutual funds is determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value at year end. Interest-bearing cash (money market funds) are valued at cost, which approximates fair value. Participant loans are valued at cost which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation (depreciation) of investments, including realized gains and losses on sales during the year and current changes in unrealized appreciation (depreciation) in the market value of investments held at year-end, is presented in the statement of changes in net assets available for benefits. Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Further, due to the level of risk associated with certain investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan Expenses

Certain administrative expenses of the Plan are paid by the Company. The Plan is under no obligation to reimburse the Company for these expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board ("FASB") issued the Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles ("ASC"). The purpose of the ASC is to provide a single source of authoritative generally accepted accounting principles. As the ASC was not intended to alter existing accounting principles, the adoption did not have a material impact on the Plan.

In April 2009, the FASB issued an update to the guidance under the ASC, Fair Value Measurements and Disclosures Topic for determining fair value when the volume and level of activity for an asset or liability has significantly decreased and identifying circumstances that indicate a transaction is not orderly. The adoption did not have a material impact on the Plan.

In May 2009, the FASB issued the Subsequent Events Topic of the ASC to establish general standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or are available to be issued. In particular, the Subsequent Events Topic sets forth: (i) the period after the balance sheet date during which management of a reporting entity shall evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; (ii) the circumstances under which an entity shall recognize events or transactions occurring after the balance sheet date in its financial statements; and (iii) the disclosures that an entity shall make about events or transactions that occurred after the balance sheet date. The adoption did not have a material impact on the Plan.

In September 2009, the FASB issued guidance that expands the required disclosures for certain investments with a reported net asset value. This guidance provides a practical expedient for measuring the fair values of Plan investments in a limited number of entities that calculate a net asset value per share (such as hedge funds, private equity funds, real estate funds, venture capital funds, funds of funds, and certain collective trusts, and pooled separate accounts). The adoption of the guidance had no material impact on the Plan.

3. INVESTMENTS

The table presents investments that represent 5 percent or more of the Plan's net assets available for benefits at December 31:

	2009	2008
Advisor One Amerigo Fund	$ 1,082,680	$ 779,270
Advisor One Berolina Fund	227,779	164,681
Advisor One Descartes Fund	332,614	240,062
Participant Loans	-	137,656

4. FAIR VALUE MEASUREMENTS

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

4. FAIR VALUE MEASUREMENTS (Continued)

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 the observable inputs and minimize the use of unobservable inputs.

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

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

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

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 management believes the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Large blend	$ 1,979,856	$ -	$ -	$ 1,979,856
Large value	149,767	-	-	149,767
Large growth	310,620	-	-	310,620
Mid value	45,393	-	-	45,393
Mid growth	73,416	-	-	73,416
Small value	19,852	-	-	19,852
Small growth	13,669	-	-	13,669
Bond funds	430,078	-	-	430,078
Others	8,660	-	-	8,660
Money market accounts	60,960	-	-	60,960
Participant loans	-	-	149,404	149,404
Total assets at fair value	$ 3,092,271	$ -	$ 149,404	$ 3,241,675

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,146,629	$ -	$ -	$ 2,146,629
Money market accounts	54,299	-	-	54,299
Participant loans	-	-	137,656	137,656
Total assets at fair value	$ 2,200,928	$ -	$ 137,656	$ 2,338,584

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	2008
Participant loans		
Balance, beginning of year	$ 137,656	$ 94,455
Realized gains (losses)	-	-
Unrealized gains (losses) relating to instruments still held at the reporting date	-	-
Purchases, sales, issuances and settlements (net)	11,748	43,201
Balance, end of year	$ 149,404	$ 137,656

5. INFORMATION CERTIFIED BY PLAN'S CUSTODIAN

The Plan Administrator has elected the method of annual reporting compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate as of December 31, 2009 and 2008 and for the year ended December 31, 2009.

	2009	2008
Investments, at fair value:		
Money market accounts	$ 60,960	$ 54,299
Mutual funds	3,031,311	2,146,629
Participant loans	149,404	137,656
	$ 3,241,675	$ 2,338,584
Investment (loss) income:		
Interest and dividends	$ 2,615	$ 8,627
Net appreciation (depreciation) in fair value of investments	745,319	(1,397,131)
	$ 747,934	$ (1,388,504)

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Custodian, and therefore, the transactions qualify as party-in-interest transactions.

7. REPORTABLE TRANSACTIONS

There were no reportable transactions, investments both acquired and disposed of during the Plan year or leases in default or classified uncollectible during the years ended December 31, 2009 and 2008 that would require supplemental presentation under United States Department of Labor regulations.

8. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of a money market account and a mutual fund managed by Nationwide Life Insurance Company and/or an affiliate of Nationwide Life Insurance Company. Nationwide Life Insurance Company is the custodian and recordkeeper of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

9. PLAN TERMINATION

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

10. TAX STATUS OF THE PLAN

The Company has adopted the Jade Plan Services, Inc. Defined Contribution Prototype Plan and Trust. The United States Internal Revenue Service has issued an opinion letter dated March 31, 2008 stating that the plan is acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. The Company is relying on the opinion letter (in accordance with Announcement 2001-77) that the Plan meets the qualification requirements of the IRC. Although the Plan has been amended since receiving the opinion letter, the Pension Committee believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500.

	2009	2008
Net assets available for benefits per the financial statements	$ 3,276,421	$ 2,382,920
Refund of excess contributions	6,257	10,294
Other liabilities	-	(631)
Other	(50)	-
Net assets available for benefits per the Form 5500	$ 3,282,628	$ 2,392,583
Net increase (decrease) in net assets available for benefits per the financial statements	$ 893,501	$ (1,131,611)
Net changes in refund of excess contributions	(4,037)	(12,372)
Prior year employer contribution receivable	-	(1,185)
Current year other liabilities	-	(631)
Prior year other liabilities	631	-
Other	(50)	-
Rounding	-	(2)
Increase (Decrease) in net assets per the Form 5500	$ (890,045)	$ (1,145,801)

SUPPLEMENTAL INFORMATION

Tri Dal, Ltd. 401(k) Profit Sharing Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Part IV, Line 4i
EIN 75-2588032
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		MONEY MARKET ACCOUNTS		
*	Nationwide Life Insurance Co.	Money Market Fund	**	$ 60,960
		MUTUAL FUNDS		
	Aberdeen Funds	Aberdeen Developing Markets A	**	4,479
	Advisor One Funds	Advisor One Amerigo Fund N	**	1,082,680
	Advisor One Funds	Advisor One Berolina Fund	**	227,779
	Advisor One Funds	Advisor One Clermont Fund N	**	130,028
	Advisor One Funds	Advisor One Descartes Fund	**	332,614
	Advisor One Funds	Advisor One Liahona	**	49,482
	AIM Funds	AIM Energy Fund	**	40,412
	Alliance Funds	PIMCO Alliance NFJ Renaissance Fund	**	6,309
	American Funds	American Funds New World R6	**	30,371
	Janus Funds	Janus Oversea	**	4,345
	American Funds	American Funds EuroPacific Growth R6	**	5,778
	American Funds	American Funds Growth Fund of America R6	**	116,105
	American Funds	American Funds Hi Inc Tr R6	**	28,861
	PIMCO Funds	PIMCO Real Return	**	4
	PIMCO Funds	PIMCO Low Duration	**	5,972
	Buffalo Funds	Buffalo Small Cap	**	9,989
	American Century Funds	American Century Growth Fund of America - R3	**	505
	American Century Funds	American Century Growth Fund of America - R5	**	1,794
	American Century Funds	American Century Value Fund	**	22,370
	American Funds	American Funds EuroPacific Growth Fund - R3	**	4,571
	American Funds	American Funds AM High Income Trust - R5	**	13
	American Funds	American Funds New World - R5	**	18
	Baron Funds	Baron Growth Fund	**	13,350
	BlackRock Funds	BlackRock Health Sciences Opp Inv A	**	133
	BlackRock Funds	BlackRock International Opp Port Inv Fund A	**	53,128
	Dreyfus	Dreyfus Greater China Fund - A	**	4,403
	DWS	DWS DRMN High Return Equity - A	**	4,796
	DWS	DWS High Income Instrument	**	16,362
	Eaton Vance Funds	Eaton Vance Floating - Rate A	**	3,992
	Eaton Vance Funds	Eaton Vance Income Fund of Boston	**	195
	Eaton Vance Funds	Eaton Vance WW Health Sciences	**	1,603
	Fidelity Advisors Funds	Fidelity Advisors Mid Cap Fund A	**	3,135
	Franklin Templeton Funds	Franklin Balance Sheet Investment Fund	**	8,709
	Franklin Templeton Funds	Temp Foreign Fund	**	178
	Goldman Sachs Funds	Goldman Sachs High Yield Fund A	**	159,793
	Goldman Sachs Funds	Goldman Sachs Mid Cap Value Fund	**	13,816
	H&W Funds	H&W Mid Cap Value Fund	**	16,559
	Harbor Funds	Harbor Funds Capital Appreciation Fund	**	20,427
	Harbor Funds	Harbor International Fund	**	76,901
	Ivy Funds	Ivy Asset Strategy Fund - Y	**	20,764
	Ivy Funds	Ivy Pacific Opportunities - Y	**	4,284
	Jennison Funds	Jennison Mid Cap Growth Fund A	**	24,948
	Lazard Funds	Lazard Emerging Markets Equity Open	**	8,957
	Lord Abbett Funds	Lord Abbett Small Cap Value Fund	**	19,852
	MFS Funds	MFS International New Discovery Fund	**	18,376
	MFS Funds	MFS Value Fund	**	7,644
*	Nationwide Funds	Nationwide Inv Destinations Mod Aggr Ser Fund	**	117
*	Nationwide Funds	Nationwide Inv Destinations Moderate Ser Fund	**	285
	Oppenheimer Funds	Oppenheimer Development Markets Fund	**	62,753
	Oppenheimer Funds	Oppenheimer Global Fund Class A	**	2,320
	Oppenheimer Funds	Oppenheimer International Bond Fund	**	32,146
	Oppenheimer Funds	Oppenheimer International Small Co Fund	**	13,607
	Oppenheimer Funds	Oppenheimer Limited Term Government Fund	**	265
	Oppenheimer Funds	Oppenheimer Value Fund A	**	85
	PIMCO Funds	PIMCO Total Return Fund	**	19,698
	Pioneer Funds	Pioneer Emerging Market Fund A	**	4,475
	Pioneer Funds	Pioneer Funds High Yield Fund Class A	**	89,670
	Pioneer Funds	Pioneer Funds Strategic Income A	**	77,364
	Putman Funds	Putnam Small Cap Growth A	**	3,680
	Russell Funds	Russell Emerging Markets E	**	4,553
	Rydex Funds	Rydex Nova Adv Fund	**	135
	Scudder-Dremen Funds	DWS VS Strategic Value	**	99,750
	Thornburg Funds	Thornburg Value Fund	**	3,166
	Van Kampen Funds	Van Kampen Comstock Fund	**	993
	Van Kampen Funds	Van Kampen Equity and Income Fund	**	4,994
	Van Kampen Funds	Van Kampen Emerging Market A	**	4,471
				3,031,311
		PARTICIPANT LOANS		
*	Participant loans	Interest rates ranging from 4.25% to 9.25%	**	149,404
	Total investments			$ 3,241,675

* Column (a) indicates each identified entity known to be a party-in-interest
** Cost information is omitted when reporting investments that are participant directed

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► TRI DAL, LTD 401(k) PROFIT SHARING PLAN

Employer Identification Number:► 752588032

For plan year (beginning/ending):► 01/01/09 - 12/31/09 Plan number:► 1

(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 CENTURY	MUTUAL FUND VAL A	0	22380
	AMERICAN FUNDS	MUTUAL FUND EUROPACFC	0	4571
	AMERICAN FUNDS	MUTUAL FUNDGR FD AM R3	0	505
	AMERICAN FUNDS	MUTUAL FUND AM HI INC TR R5	0	13
	AMERICAN FUNDS	MUTUAL FUND GR FD AM R5	0	1794
	AMERICAN FUNDS	MUTUAL FUND NEW WLD R5	0	18
	BUFFALO	MUTUAL FUND SMCAP	0	9989
	BARON	MUTUAL FUND GR FD AM R5	0	13350
	BLACKROCK	MUTUAL FUND INTL OPPR INV A	0	53159
	BLACKROCK	MUTUAL FUND HLTH SCNC OPPR INV	0	133
	ADVISORONE	MUTUAL FUND SEL ALLOC N	0	227893
	ADVISORONE	MUTUAL FUND AMERIGO N	0	1083100
	ADVISORONE	MUTUAL FUND DESCARTES	0	332739
	ADVISORONE	MUTUAL FUND LIAHONA N	0	49501
	ADVISORONE	MUTUAL FUND CLERMONT N	0	130093
	DREYFUS	MUTUAL FUND GRTR CHINA A	0	4403
	NATIONWIDE	MUTUAL FUND INV DEST MOD AGGR	0	117
	NATIONWIDE	MUTUAL FUND INV DEST MOD SC	0	285
	EVERGREEN	MUTUAL FUND FLOTING TR A	0	3992
	EVERGREEN	MUTUAL FUND INC FD OF BOSTON A	0	195
	EVERGREEN	MUTUAL FUND WW HLTH SCNC A	0	1603
	FIDELITY	MUTUAL FUND MDCAP A	0	3135
	ABERDEEN	MUTUAL FUND EMRG MKT A	0	4479
	GOLDMANSACHS	MUTUAL FUND HI YLD A	0	159793
	GOLDMANSACHS	MUTUAL FUND MD CAP VAL A	0	13816
	HARBOR	MUTUAL FUND CAP APP INV	0	20427
	HARBOR	MUTUAL FUND INTL INV	0	76931
	HOTCHKIS & WILEY	MUTUAL FUND MDCAP VAL A	0	16559
	PUTNAM	MUTUAL FUND SMCAP GR A	0	3680
	LAZARUS	MUTUAL FUND EMRG MKT EQ OPEN	0	8957
	LORD ABBOTT	MUTUAL FUND SMCAP VAL A	0	19852
	MFS	MUTUAL FUND INTL NEW DISC A	0	18376
	MFS	MUTUAL FUND VAL A	0	7644
	PIMCO	MUTUAL FUND TTL RTN A	0	19698
	OPPENHEIMER	MUTUAL FUND DEVL MKT A	0	62753
	OPPENHEIMER	MUTUAL FUND VAL A	0	85
	PRUDENTIAL	MUTUAL FUND JNSN MDCAP GR A	0	24948
	PIONEER	MUTUAL FUND EMRG MKT A	0	4475
	OPPENHEIMER	MUTUAL FUND GLBL A	0	2320
	PIONEER	MUTUAL FUND HI YLD A	0	89669
	OPPENHEIMER	MUTUAL FUND INTL BD A	0	32158
	OPPENHEIMER	MUTUAL FUND INTL SM CO A	0	13607
	DWS	MUTUAL FUND VS STRAT VAL	0	99790

	DWS	MUTUAL FUND HI INC INST	0	16371
	PIMCO	MUTUAL FUND LOW DUR A	0	5972
	OPPENHEIMER	MUTUAL FUND LTD TRM GOVT A	0	265
	PIONEER	MUTUAL FUND STRAT INC A	0	77419
	PIMCO	MUTUAL FUND ALLNZ NFJ	0	6309
	PIMCO	MUTUAL FUND REAL RTN A	0	4
	DSW	MUTUAL FUND GLVL INTL LTN AM E	0	4796
	RYDEX	MUTUAL FUND SGISPMDCAP400PURE	0	46
	RYUSSELL	MUTUAL FUND EMRG MKT E	0	4553
	AMERICAN FUNDS	MUTUAL FUND EUROPACFC GR R6	0	5778
	RYDEX	MUTUAL FUND RTL ADV	0	46
	AMERICAN FUNDS	MUTUAL FUND GR FD AM R6	0	116146
	AMERICAN FUNDS	MUTUAL FUNDS HI INC TR R6	0	28879
	RYDEX	MUTUALL FUND SGI NOVA ADV	0	135
	AMERICAN FUNDS	MUTUALL FUND NEW WLD R6	0	30382
	RYDEX	MUTUAL FUND REALEST H	0	46
	RUDEX	MUTUAL FUND SGI TRNSPRT AND	0	46
	RYDEX	MUTUAL FUND UTIL ADV	0	46
	FRANKLIN	MUTUAL FUND VITFNKLBALSHTINVI	0	8709
	FRANKLIN TEMPLETON	MUTUAL FUND FORGN A	0	178
	THORNBURG	MUTUAL FUND VAL I	0	3166
	INVESCO	MUTUAL FUND VK CONSTK A	0	993
	INVESCO	MUTUAL FUND VK EQ INC A	0	4994
	INVESCO	MUTUAL FUND VK EMRG MKT A	0	4471
	INVESCO	MUTUAL FUND ENRGY INV	0	40412
	WR	MUTUAL FUND IVY PACFC OPPR Y	0	4284
	WR	MUTUAL FUND IVY ASST STRAT Y	0	20774
	JANUS	MUTUAL FUND OVRSEAS S	0	4345

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► TRI DAL, LTD 401(k) PROFIT SHARING PLAN

Employer Identification Number:► 752588032

For plan year (beginning/ending):► 01/01/09 - 12/31/09 Plan number:► 1

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