

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PIERCE CHEMICALS/MORTICIANS SUPPLY COMPANY PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1982
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PIERCE CHEMICALS ROYAL BOND 4722 BRONZE WAY DALLAS, TX 75236	2b Employer Identification Number (EIN) 75-0870823 2c Sponsor's telephone number 214-333-4230 2d Business code (see instructions) 812210

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.	10/11/2010	JOHN FIRESTONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	JOHN FIRESTONE
	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") PIERCE CHEMICALS ROYAL BOND 4722 BRONZE WAY DALLAS, TX 75236	3b Administrator's EIN 75-0870823 3c Administrator's telephone number 214-333-4230
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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
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5 Total number of participants at the beginning of the plan year	5	105
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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	88
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	6
d Subtotal. Add lines 6a , 6b , and 6c	6d	94
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	94
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	94
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 3D 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PIERCE CHEMICALS/MORTICIANS SUPPLY COMPANY PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. PIERCE CHEMICALS ROYAL BOND		
D Employer Identification Number (EIN) 75-0870823		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

MET LIFE INVESTORS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
	00000	3200651469	94	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE MAYBEN COMPANY
P.O. BOX 515003
DALLAS, TX 75251-5003

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 376162**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ 0**b** Premiums paid to carrier **6b** 0**c** Premiums due but unpaid at the end of the year **6c** 0**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d** 0

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 300208**c** Additions: (1) Contributions deposited during the year **7c(1)** 0(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 0(4) Transferred from separate account **7c(4)** 75954(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 75954**d** Total of balance and additions (add **b** and **c(6)**). **7d** 376162**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 0(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 376162

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>PIERCE CHEMICALS/MORTICIANS SUPPLY COMPANY PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PIERCE CHEMICALS ROYAL BOND</u>	D Employer Identification Number (EIN) <u>75-0870823</u>	

Part I	Asset and Liability Statement
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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	25000	70000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(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)	161239	284335
(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)	325294	340020
(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)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(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)	446985	584114
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	300208	376162
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	1258726	1654631

Liabilities

g Benefit claims payable	1g	98	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	98	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1258628	1654631
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	70000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		70000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	92561	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		92561

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	233086	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		233086

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	115798	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		115798
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		511445

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	111603	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		111603
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	3324	
(4) Other	2i(4)	515	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3839
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		115442

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		396003
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: SALMONBEACH & ASSOCIATES, PLLC

(2) EIN: 05-0568611

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

A Name of plan <u>PIERCE CHEMICALS/MORTICIANS SUPPLY COMPANY PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PIERCE CHEMICALS ROYAL BOND</u>	D Employer Identification Number (EIN) <u>75-0870823</u>

Part I	Distributions
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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	<u>0</u>
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): <u>75-2549318</u>		
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 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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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): _____

**PIERCE CHEMICALS/MORTICIANS SUPPLY
COMPANY PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
and
INDEPENDENT AUDITORS' REPORT**

DECEMBER 31, 2009

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
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December 31, 2009

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SALMON SIMS THOMAS

Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of Pierce Chemicals/Morticians Supply Company
Profit Sharing Plan

We have audited the accompanying statements of net assets available for plan benefits of Pierce Chemicals/Morticians Supply Company Profit Sharing Plan (Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for plan benefits for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes at December 31, 2009 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*. This supplemental information is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Salmon Sims Thomas & Associates
A Professional Limited Liability Company

Dallas, Texas
October 1, 2010

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets		
Cash	\$ 284,335	\$ 161,239
Insurance company general account	<u>376,162</u>	<u>300,208</u>
	<u>660,497</u>	<u>461,447</u>
Investments, at quoted market values		
Common stock	340,018	325,294
Mutual funds	<u>584,116</u>	<u>446,985</u>
	<u>924,134</u>	<u>772,279</u>
Employer contribution receivable	<u>70,000</u>	<u>25,000</u>
Liabilities		
Distribution in transit	<u>-</u>	<u>98</u>
Net Assets Available for Plan Benefits	<u>\$ 1,654,631</u>	<u>\$ 1,258,628</u>

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

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
Statement of Changes in Net Assets Available for Plan Benefits
For the Year Ended December 31, 2009

Additions to Net Assets Attributable to:

Employer contribution	\$ 70,000
Interest and dividends	15,036
Net appreciation in the fair value of investments	<u>426,409</u>
	<u>511,445</u>

Deductions from Net Assets Attributable to:

Distributions	111,603
Other expenses	<u>3,839</u>
	<u>115,442</u>

Net Increase in Net Assets	396,003
----------------------------	---------

Net Assets Available for Plan Benefits:

Beginning of year	<u>1,258,628</u>
End of year	<u>\$ 1,654,631</u>

The accompanying notes are an integral part of this financial statement.

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
Notes to Financial Statements
December 31, 2009

NOTE A – DESCRIPTION OF PLAN

The following description of Pierce Chemicals/Morticians Supply Company Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of Pierce Chemicals/Royal Bond Company and Professional Training Schools, Inc. (collectively the "Employer") who have completed six months of service, as further defined in the Plan, and attained the age of 21.

The Plan, as amended and restated, was established January 1982 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 401(a) of the Internal Revenue Code of 1986. The Plan was amended to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA).

The Plan's trustee is also an officer of the Employer. This individual is not paid by the Plan for services rendered in his capacity as trustee.

Contributions

The Employer contributes to the Plan, each year, an amount determined by the Employer's Board of Directors, not to exceed the maximum amount deductible from the Employer's income for such year for federal income tax purposes, under the applicable sections of the Internal Revenue Code (IRC). Employees are not permitted to contribute to the Plan. The Plan's Trustee and Board determine how Plan assets are invested, and no participants have self-directed accounts.

Allocation

Each participant's account is credited with the participant's allocation of the Employer's contribution, plan earnings, and forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined.

Vesting

Participant vesting in the Plan is based on years of continuous service. A participant is 100% vested after five years of service, as defined. Vested benefits are paid to qualified Plan participants, or their designated survivors, based on amounts allocated to individual participant's accounts. Each account consists of allocated employer contributions, an allocated share of income or loss from the assets of the Plan, and an allocated portion of plan forfeitures.

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
Notes to Financial Statements
December 31, 2009

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or an annuity over various periods, as defined.

Expenses

The Employer and the Plan cover the costs of plan administrative fees.

Termination

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

Forfeitures

For the year ended December 31, 2009, there were no unallocated forfeitures.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Employer's management, which is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Investments

The fair value per unit/share is stated at quoted market prices. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through October 1, 2010, the date the financial statements were available to be issued.

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
Notes to Financial Statements
December 31, 2009

NOTE C – BENEFITS PAYABLE

The Plan holds funds for six terminated employees with account balances totaling approximately \$65,300 at December 31, 2009.

NOTE D – INVESTMENTS

At December 31, 2009, the Plan held the following investments that represented 5% or more of the Plan's net assets available for plan benefits:

Mutual Fund, MFS Core Growth Fund	\$ 168,225
Mutual Fund, New Perspective Fund	106,417
Mutual Fund, Europacific Growth Fund	99,967
General Account, MetLife Balanced Strategy Portfolio	376,162
Cash, First Western Securities	221,591

The Plan's mutual funds appreciated in value by \$123,733 during 2009. The Plan's common stocks appreciated in value by \$225,151 during 2009. The Plan's insurance company general account appreciated in value by \$77,525 during 2009.

NOTE E – INCOME TAXES

The Plan obtained its latest determination letter on January 6, 1992. In that letter, the Internal Revenue Service stated that the Plan, as of March 20, 1991, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter, however, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of December 31, 2009.

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
Notes to Financial Statements
December 31, 2009

NOTE F – FAIR VALUE MEASUREMENTS

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

Level 1 Inputs 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 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.

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.

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

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Insurance company general account – Valued based on the closing unit-value of units held by the Plan at year-end.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its 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.

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
Notes to Financial Statements
December 31, 2009

NOTE F – FAIR VALUE MEASUREMENTS (CONTINUED)

Fair values of assets measured on a recurring basis at December 31, 2009 are as follows:

<i>Assets at Fair Value as of December 31, 2009</i>				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity	\$ 526,614	\$ -	\$ -	\$ 526,614
Bonds	33,071	-	-	33,071
Other	<u>24,431</u>	<u>-</u>	<u>-</u>	<u>24,431</u>
Total Mutual funds	<u>584,116</u>	<u>-</u>	<u>-</u>	<u>584,116</u>
Common stocks	340,018	-	-	340,018
Insurance company general account	<u>-</u>	<u>376,162</u>	<u>-</u>	<u>376,162</u>
Total assets at fair value	<u>\$ 924,134</u>	<u>\$ 376,162</u>	<u>\$ -</u>	<u>\$ 1,300,296</u>

Fair values of assets measured on a recurring basis at December 31, 2008 are as follows:

<i>Assets at Fair Value as of December 31, 2008</i>				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity	\$ 412,734	\$ -	\$ -	\$ 412,734
Bonds	15,874	-	-	15,874
Other	<u>18,377</u>	<u>-</u>	<u>-</u>	<u>18,377</u>
Total Mutual funds	<u>446,985</u>	<u>-</u>	<u>-</u>	<u>446,985</u>
Common stocks	325,294	-	-	325,294
Insurance company general account	<u>-</u>	<u>300,208</u>	<u>-</u>	<u>300,208</u>
Total assets at fair value	<u>\$ 772,279</u>	<u>\$ 300,208</u>	<u>\$ -</u>	<u>\$ 1,072,487</u>

NOTE G – RECONCILIATION TO FORM 5500

The following is a reconciliation of the interest and dividend income for the year ended December 31, 2009 per the financial statements to the Form 5500.

Interest and dividends per the financial statements	\$ 15,036
Reclassification	<u>77,525</u>
Interest and dividends per the Form 5500	<u>\$ 92,561</u>

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
Notes to Financial Statements
December 31, 2009

NOTE G – RECONCILIATION TO FORM 5500 (CONTINUED)

The following is a reconciliation of the net appreciation in the fair value of investments for the year ended December 31, 2009 per the financial statements to the Form 5500.

Net appreciation in the fair value of investments per the financial statements	\$ 426,409
Reclassification	<u>(77,525)</u>
Net appreciation in the fair value of investments per the Form 5500	<u>\$ 348,884</u>

SUPPLEMENTAL INFORMATION

Plan name:
Plan sponsor's EIN:
Plan number:

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
EIN# 75-0870823
PN# 001

Schedule of Assets Held for Investment Purposes at December 31, 2009

(a)	(b) Identity of issue	(c) Description of investment			(d) Cost	(e) Current Value
	AMERICAN FUNDS SERVICE CO	4,150	SH	NEW PERSPECTIVE	\$ 67,039	\$ 106,417
	Schwab Institutional	1,459	SH	Schwab Pioneer High Yield	15,484	13,302
	Schwab Institutional	1,216	SH	Schwab Oppenheimer	8,094	7,781
	Schwab Institutional	1,110	SH	Schwab PIMCO Total Ret	12,176	11,988
	Schwab Institutional	1,209	SH	Schwab Laudus Int.	25,710	19,603
	Schwab Institutional	1,029	SH	Schwab Hedged Equity	16,652	14,718
	Schwab Institutional	7,008	SH	Schwab Premier Equity	90,524	63,068
	Schwab Institutional	1,788	SH	Schwab Small Cap Equity	33,423	22,116
	MFS Service Center	10,801	SH	MFS Core Growth	177,964	168,225
	AMERICAN FUNDS SERVICE CO	2,607	SH	EURO PAC. GROWTH	63,953	99,967
	Schwab Institutional	175	SH	Schwab Mid Cap SPDR Trust	12,956	23,055
	Schwab Institutional	30	SH	Schwab Barclays T-Bill ETF	1,397	1,376
	MFS Service Center	5,000	SH	MFS Income Trust	50,000	32,500
				Total Mutual funds	575,372	584,116
	FIRST WESTERN SECURITIES	1,500	SH	POWERSHARES GOLDEN DR.	35,080	36,150
	FIRST WESTERN SECURITIES	1,000	SH	FLUOR CORP	45,819	45,040
	FIRST WESTERN SECURITIES	1,000	SH	JP MORGAN CHASE	43,848	41,670
	FIRST WESTERN SECURITIES	1,000	SH	PEABODY ENERGY	42,927	45,210
	FIRST WESTERN SECURITIES	1,500	SH	SHAW GROUP	42,347	43,125
	FIRST WESTERN SECURITIES	1,000	SH	URS GROUP	40,665	44,520
	FIRST WESTERN SECURITIES	1,500	SH	FOSTER WHEELER	44,771	44,159
	FIRST WESTERN SECURITIES	500	SH	FREEPORT MCMORAN CO	40,499	40,144
				Total Common stock	335,956	340,018
	METLIFE INVESTORS USA INSURANCE COMPANY	36,146	Units	MetLife Balance Strategy Portfolio	316,311	376,162
	COMMERICA BANK		Dollars	Cash	52,929	52,929
	FIRST WESTERN SECURITIES		Dollars	Cash	221,591	221,591
	Schwab Institutional		Dollars	Cash	9,815	9,815
				Total Cash	284,335	284,335
	TOTALS:				\$ 1,511,974	\$ 1,584,631

See accompanying auditors' report.

Plan name:
Plan sponsor's EIN:
Plan number:

Pierce Chemicals/Morticians Supply Company Profit Sharing Plan
EIN# 75-0870823
PN# 001

Schedule of Assets Held for Investment Purposes at December 31, 2009

(a)	(b) Identity of Issue	(c) Description of Investment		(d) Cost	(e) Current Value
	AMERICAN FUNDS SERVICE CO	4,150	SH	NEW PERSPECTIVE	\$ 67,039 \$ 106,417
	SCHWAB INSTITUTIONAL	1,459	SH	SCHWAB PIONEER HIGH YIELD	15,484 13,302
	SCHWAB INSTITUTIONAL	1,216	SH	SCHWAB OPPENHEIMER	8,094 7,781
	SCHWAB INSTITUTIONAL	1,110	SH	SCHWAB PIMCO TOTAL RET	12,176 11,988
	SCHWAB INSTITUTIONAL	1,209	SH	SCHWAB LAUDUS INT.	25,710 19,603
	SCHWAB INSTITUTIONAL	1,029	SH	SCHWAB HEDGED EQUITY	16,652 14,718
	SCHWAB INSTITUTIONAL	7,008	SH	SCHWAB PREMIER EQUITY	90,524 63,068
	SCHWAB INSTITUTIONAL	1,788	SH	SCHWAB SMALL CAP EQUITY	33,423 22,116
	MFS SERVICE CENTER	10,801	SH	MFS CORE GROWTH	177,964 168,225
	AMERICAN FUNDS SERVICE CO	2,607	SH	EURO PAC. GROWTH	63,953 99,967
	SCHWAB INSTITUTIONAL	175	SH	SCHWAB MID CAP SPDR TRUST	12,956 23,055
	SCHWAB INSTITUTIONAL	30	SH	SCHWAB BARCLAYS T-BILL ETF	1,397 1,376
	MFS SERVICE CENTER	5,000	SH	MFS INCOME TRUST	50,000 52,500
				Total Mutual funds	575,372 584,116
	FIRST WESTERN SECURITIES	1,500	SH	POWERSHARES GOLDEN DR.	35,080 36,150
	FIRST WESTERN SECURITIES	1,000	SH	FLUOR CORP	45,819 45,040
	FIRST WESTERN SECURITIES	1,000	SH	JP MORGAN CHASE	43,848 41,670
	FIRST WESTERN SECURITIES	1,000	SH	PEABODY ENERGY	42,927 45,210
	FIRST WESTERN SECURITIES	1,500	SH	SHAW GROUP	42,347 43,125
	FIRST WESTERN SECURITIES	1,000	SH	URS GROUP	40,665 44,520
	FIRST WESTERN SECURITIES	1,500	SH	FOSTER WHEELER	44,771 44,159
	FIRST WESTERN SECURITIES	500	SH	FREEPORT MCMORAN CO	40,499 40,144
				Total Common stock	335,956 340,018
	METLIFE INVESTORS USA INSURANCE COMPANY	36,146	Units	MetLife Balance Strategy Portfolio	316,311 376,162
	COMMERICA BANK		Dollars	Cash	52,929 52,929
	FIRST WESTERN SECURITIES		Dollars	Cash	221,591 221,591
	SCHWAB INSTITUTIONAL		Dollars	Cash	9,815 9,815
				Total Cash	284,335 284,335
	TOTALS:			\$ 1,511,974	\$ 1,584,631

See accompanying auditors' report.