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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1976

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

1052 EAST MEADOW CIRCLE
PALO ALTO, CA 94303

2b Employer Identification Number (EIN) 94-2247016

2c Sponsor's telephone number 650-493-0814

2d Business code (see instructions) 333610

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	KAREN WARREN
	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")
STANGENES INDUSTRIES, INC.

1052 EAST MEADOW CIRCLE
PALO ALTO, CA 94303

3b Administrator's EIN
94-2247016

3c Administrator's telephone number
650-493-0814

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**	139
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**	141
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	149
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	149
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	131
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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 2F 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INS CO

(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	Policy or contract year (g) To
39-0989781	86231	997276		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
19137	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

JOHN KETTMANN
BANC OF AMERICA INVESTMENT SVC
WAI CHAN 100 FEDERAL ST
BOSTON, MA 02110

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
15365			3

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

JOHN KETTMANN
MERRILL LYNCH LIFE AGENCY INC
4804 DEER LAKE DR E
JACKSONVILLE, FL 32246-6484

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
3772			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	7218051

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	1618299
c	Additions: (1) Contributions deposited during the year	7c(1)	209745		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	54383		
	(4) Transferred from separate account	7c(4)	416530		
	(5) Other (specify below)	7c(5)	345		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	681003
d	Total of balance and additions (add **b** and **c(6)**)			7d	2299302
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	52838		
	(2) Administration charge made by carrier	7e(2)	1576		
	(3) Transferred to separate account	7e(3)	409864		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	464278
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1835024

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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 52 62 64 67	RECORDKEEPER	7372	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STANGENES INDUSTRIES, INC.

D Employer Identification Number (EIN)
94-2247016

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA BALANCED RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-119	P	97876

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-150	P	129442

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS CAPITAL APPRECIATION RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-199	P	370208

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-216	P	370663

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALUE RET

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-427	P	329137

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS CORE BOND RET

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-435	P	136221

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-445	P	437815

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR

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

c EIN-PN 39-0989781-009	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116261

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI

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

c EIN-PN 39-0989781-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 301142

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN FLEX CAP GROWTH INV OPT

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

c EIN-PN 39-0989781-020	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102610

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA SMALL-CAP INDEX RET OPT

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

c EIN-PN 39-0989781-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23641

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID-CAP INDEX RET OPT

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

c EIN-PN 39-0989781-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53029

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN PARTNERS INV OPT

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

c EIN-PN 39-0989781-044	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70417

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA DOW JONES SMALL CAP VALUE INDE

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

c EIN-PN 39-0989781-046	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38144

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2005 RET

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

c EIN-PN 39-0989781-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229245

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 RET

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

c EIN-PN 39-0989781-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2434488

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 RET

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

c EIN-PN 39-0989781-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 991555

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 RET

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

c EIN-PN 39-0989781-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 430688

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 RET

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

c EIN-PN 39-0989781-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213003

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R

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

c EIN-PN 39-0989781-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12206

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST AMERICAN REAL ESTATE SECURITI

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

c EIN-PN 39-0989781-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46935

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ADVISER INTERNATIONAL GROWTH

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

c EIN-PN 39-9098978-083	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23532

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND

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

c EIN-PN 39-0989781-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258975

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET

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

c EIN-PN 39-0989781-110	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 277

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET

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

c EIN-PN 39-0989781-113	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 540

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

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMAPNY

c EIN-PN 39-0989781-067	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	4933	7048
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2584	1902
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5368251	7218051
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1618299	1835024
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6994067	9062025
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6994067	9062025

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)	847772	
	(B) Participants	2a(1)(B)	210353	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1058125
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)	209	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		209
	(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)		1400018
(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		54399
d Total income. Add all **income** amounts in column (b) and enter total	2d		2512751
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	437871	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		437871
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)	6922	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6922
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		444793
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2067958
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: ORLANDO MITTS MOORE & COMPANY (2) EIN: 94-2773669

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		1000000
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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-6362604

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):

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Financial Statements

December 31, 2009 and 2008

(With Independent Auditors'
Report Thereon)

LAURIE ORLANDO
Partner

LOU MITTS
Partner

RETTA MOORE
Partner

ORLANDO, MITTS, MOORE & COMPANY
AN ACCOUNTANCY CORPORATION

To the Administrative Committee of
The Stangenes Industries, Inc., Profit Sharing Plan

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of the Stangenes Industries, Inc., Profit Sharing Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits (modified cash basis) for the years then ended, and the supplemental schedule 1 of assets (held at end of year). These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Transamerica Retirement Services', 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 a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

As described in Note 1, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principals.

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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

October 1, 2010 Orlando, Mitts, Moore & Co

675 North First Street, Suite 1200, San Jose, CA 95112
(408) 278-0300, Fax (408) 278-0319

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair market value	$ 9,054,977	$ 6,989,134
Employee contribution receivable	7,048	4,933
Net assets available for benefits	$ 9,062,025	$ 6,994,067

See accompanying notes.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS		
Additions to net assets attributable to:		
Investment income:		
Interest	$ 54,608	$ 34,169
Net increase in the fair value of investments	1,400,018	-
	1,454,626	34,169
Contributions:		
Participants'	210,353	250,131
Employer's	847,772	880,562
Rollovers	-	1,271
Forfeitures	20,201	-
	1,078,326	1,131,964
Total additions	2,532,952	1,166,133
DEDUCTIONS		
Deductions to net assets attributable to:		
Benefits paid to participants	437,871	336,242
Administrative expenses	6,922	7,075
Forfeitures	20,201	-
Net reduction in the fair value of investments	-	2,484,197
Total deductions	464,994	2,827,514
Net increase (decrease)	2,067,958	(1,661,381)
Net assets available for benefits		
Beginning of year	6,994,067	8,655,448
End of year	$ 9,062,025	$ 6,994,067

See accompanying notes.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(1) Summary of the Plan and its significant accounting policies

The following description of the Stangenes Industries, Inc., 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 provisions.

The Plan is a defined contribution plan covering all employees of Stangenes Industries, Inc., (the Company) who are twenty-one years of age or older and complete one year of service (as defined in the Plan). Employees who are twenty-one or older become eligible for the employer discretionary profit sharing contribution after a minimum of one year of service and 1,000 hours on an annual basis.

The Plan is intended to qualify under Section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration -

Under the terms of the Plan, two designated employees of the Company act as the administrator and trustee. The trustees have contracted with Transamerica Retirement Services (Transamerica or TRS) to act as the custodian of the Plan. Transamerica, as custodian, holds the Plan's assets, executes investments and performs recordkeeping for the Plan.

Vesting -

Participants are immediately vested in their voluntary contributions and earnings. Vesting in the employer discretionary profit sharing contribution is as follows:

20% vested after 2 years of service
40% vested after 3 years of service
60% vested after 4 years of service
80% vested after 5 years of service
100% vested after 6 years of service

Years of service are defined in the Plan.

(1) Summary of the Plan and its significant accounting policies - continued

Use of estimates -

The preparation of financial statements requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Basis of accounting -

The financial statements and supplemental schedules of the Plan are prepared using the modified cash basis of accounting, consequently, certain income and contributions are recognized when received, and certain expenses and payments are recognized when disbursed.

Investments –

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting for Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined Contribution Health and Welfare and Pension Plans (the FSP)*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contact value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts form fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis (see note 3, contract value is fair value).

All investments of the Plan are held by Transamerica and invested in various funds as directed by the participant. Plan assets are valued at fair market value as of the last day of the Plan year, as measured by quoted market prices, or contract value based on the terms of the contract.

The fair value or the guaranteed investment contract is valued daily using publicly available quoted market prices.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(1) Summary of the Plan and its significant accounting policies - continued

Income taxes -

The Plan has received a favorable tax determination letter from the Internal Revenue Service. The Plan administrator believes the Plan is exempt from federal income and state franchise taxes.

Date of Management Review –

Subsequent events were evaluated through October 1, 2010, which is the date the financial statements were available to be issued.

(2) Participation and benefits

Employee contributions -

Participants may elect to contribute a percentage, from 1% to 65%, of their pre-tax compensation up to the amount allowable under current income tax regulations.

Employer contributions -

The Company is allowed to make discretionary matching or non-matching contributions as defined in the Plan and as approved by the Board of Directors of the Company. The Company made discretionary non-matching profit sharing contributions to the Plan that amounted to $847,772 and $880,562 for the years ended December 31, 2009 and 2008, respectively.

Participant accounts -

Each participant's account is credited with the participant's contribution and allocation of: a) A pro-rata portion, based upon annual compensation to total compensation of all eligible employees, of the discretionary profit sharing contribution by the Company, if any, b) the Plan earnings, and c) the forfeitures of terminated participants' nonvested accounts, and d) Plan expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement.

(2) Participation and benefits - continued

Payment of benefits -

Upon termination and election of the participant, benefits are paid in full in a lump-sum amount equal to the value of participant's account.

Loans to participants -

The Plan provides a hardship provision, which allows a participant to borrow a maximum of $50,000 or 50% of their vested account balance. The loans are secured by the participant's vested balance. Such loans bear interest at the prime rate published in the Wall Street Journal plus 1% and typically have a 5 year term. The Plan administrator establishes the specific terms and conditions of such hardship loans.

At December 31, 2009 and 2008, there were approximately $3,000 and $18,000, respectively, of forfeited nonvested employer profit sharing contributions which can be used first to pay plan expenses and then allocated to the remaining eligible employees based upon the pro-rata portion of their eligible compensation to total eligible employee compensation.

(3) Investment contract with Insurance Company

In 2007, the Plan entered into a benefit-responsive investment contract with Transamerica Retirement Services' (TRS). The stable value fund option of Transamerica Retirement Services' Group Annuity Contract changed its name effective January 29, 2007 from the Transamerica Stable Value Fund to the Transamerica Stable Value Option. Characteristics of the contract are as follows:

- The stable value fund is a nontradable obligation of Transamerica Retirement Services. Thus, the fund cannot or will not assign or sell the contract or its proceeds to another party without the consent for TRS.

- The repayment of principal and interest credited to participants in the fund is a financial obligation of TRS. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable (for example, a significant decline in creditworthiness of TRS), the stable value fund will no longer be considered fully benefit-responsive.

(3) Investment contract with Insurance Company – continued

- The terms of TRS Group Annuity Contract require all permitted participants initiated transactions with the fund to occur at contract value with no conditions, limits or restrictions. Permitted participant initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other funds within the Plan.

- Since the stable value fund is an obligation of TRS, the occurrence of an event that limits the ability of the fund to transact at contract value with TRS and the participants in the fund is not probable

- The stable value fund allows participants reasonable access to their funds.

- TRS's stable value fund has no stated maturity. Interest rates are reset monthly as of the beginning of each month, during which a new interest rate is applied daily to the total outstanding balance of the fund. For deposit liabilities with no defined maturities, the fair value to be disclosed is the amount payable on demand at the reporting date. Accordingly, the contract value is also the fair market value.

- All of TRS's separate account funds are valued daily using publicly available quoted market prices, and participants bear the investment risks. The separate account funds are reported at the fair market value.

The fund seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment has a portfolio investment rate design in which all deposits are credited with the same interest rate, credited on a daily basis, and with no set maturity. Contract charges may reduce this return. The Transamerica Stable Value Option is not a separate account investment; it is an investment in the issuer's general account.

The Stable Value Option performance for 2009 and 2008 was:

	2009	2008
Minimum rate	2.75%	3.50%
Average rate	3.16%	3.53%
Rate credited to participants	2.75%	3.50%

(4) Plan termination

The Company intends to continue the Plan indefinitely for the benefit of its employees; however, it reserves the right to terminate the plan at any time by resolution of its Board of Directors and subject to the provisions of ERISA. Upon termination of the Plan, participants will become fully vested in their accounts.

(5) Risks and uncertainties

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

(6) Certified information

The December 31, 2009 and 2008 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2009 and 2008, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian in accordance with 29 CRF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The following table presents investment funds including those which represent 5 percent or more of the Plan's net assets:

	Assets at Fair Value as of December 31, 2009 (Note 8)				Assets at Fair Value as of December 31, 2008 (Note 8)			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Certified								
Transamerica Balanced	$ -	$ 97,876	-	$ 97,876	$ -	$ 99,482	$ -	$ 99,482
Loomis Sayles Bond	-	129,443	-	129,443	-	70,759	-	70,759
Oppenheimer Global	370,663	-	-	370,663	241,473	-	-	241,473
Janus Capital Appreciation	370,207	-	-	370,207	259,369	-	-	259,369
Transamerica Partners Mid Value	329,137	-	-	329,137	223,723	-	-	223,723
Transamerica Partners Core Bond	136,221	-	-	136,221	108,578	-	-	108,578
Fidelity Advisor Small Cap	437,815	-	-	437,815	367,930	-	-	367,930
Transamerica Stable Value	-	1,835,024	-	1,835,024	-	1,618,299	-	1,618,299
American Funds Fundamental Inv	116,262	-	-	116,262	-	-	-	95,533
American Funds Growth Fund of America Inv Opt	301,142	-	-	301,142	195,608	-	-	195,608
Franklin Flex Cap Growth	102,610	-	-	102,610	100,956	-	-	100,956
SSgA Small-Cap Index	23,641	-	-	23,641	12,342	-	-	12,342
SSgA Mid-Cap Index	53,030	-	-	53,030	66,031	-	-	66,031
Vanguard Target Ret 2035	430,688	-	-	430,688	141,467	-	-	141,467
Vanguard Target Ret 2045	213,003	-	-	213,003	159,340	-	-	159,340
Neuberger Berman Partners	70,417	-	-	70,417	81,611	-	-	81,611
SSgA Dow Jones Small Cap Value Index Ret Opt	38,145	-	-	38,145	18,980	-	-	18,980
Vanguard Target Ret 2005	229,245	-	-	229,245	126,696	-	-	126,696
Vanguard Target Ret 2015	2,434,487	-	-	2,434,487	2,061,341	-	-	2,061,341
Vanguard Target Ret 2025	991,555	-	-	991,555	735,359	-	-	735,359
Loomis Sayles Inv Grade Bond	258,975	-	-	258,975	162,900	-	-	162,900
AllianceBernstein International Value Inv Opt	-	-	-	-	7,577	-	-	7,577
Janus Adviser International Growth Ret Opt	23,532	-	-	23,532	9,941	-	-	9,941
First American Real Estate Sec	46,935	-	-	46,935	21,255	-	-	21,255
American Funds EuroPac Growth	12,206	-	-	12,206	-	-	-	-
Vanguard Target Ret 2020	277	-	-	277	-	-	-	-
Vanguard Target Ret 2025	540	-	-	540	-	-	-	-
	6,990,733	2,062,343	-	9,053,076	5,102,477	1,788,540	-	6,986,550
Uncertified								
Participant Loan Fund	-	-	1901	1,901	-	-	2,584	2,584
Total investment at fair market value	$ 6,990,733	$ 2,062,343	$ 1,901	$ 9,054,977	$ 5,102,477	$ 1,788,540	$ 2,584	$ 6,989,134

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(7) - Detail of changes in net assets by fund

Detail of changes in net assets by fund are shown below as elected by participants to distribute their contributions. The activity of these funds for the year ended December 31, 2009 is as follows:

	Transamerica Balanced	Loomis Sayles Bond	Oppenheimer Global	Janus Capital Appreciation	Transamerica Partners Mid Value	First American Real Estate Sec	Transamerica Partners Core Bond	Franklin Real Estate Sec	Fidelity Advisor Small Cap	Transamerica Stable Value	American Funds Fundamental Inv	American Funds EuroPac Growth	American Funds Growth Fund of America Inv Opt	Franklin Flex Cap Growth	SSgA Small Cap Index
Net assets available for benefits at December 31, 2008	$ 99,482	$ 70,759	$ 241,473	$ 259,369	$ 223,723	$ 21,255	$ 108,578	$ -	$ 367,930	$ 1,618,299	$ 95,533	-	$ 195,608	$ 100,956	$ 12,342
Contributions/rollovers/forfeitures	12,566	15,292	45,359	36,526	41,171	8,605	14,031	-	52,939	215,052	23,099	68	40,172	11,853	7,143
Withdrawals/distributions/hardships/ forfeitures/loans	(35,248)	(3,098)	(1,589)	(45,898)	(9,623)	(2,595)	(8,439)	-	(43,892)	(73,040)	(41,388)	-	-	(44,492)	-
Dividends, interest and other	-	-	-	-	-	-	-	-	-	54,399	-	-	-	-	-
Net appreciation (depreciation) in fair market value of investments	25,371	35,832	96,906	111,207	73,444	11,213	13,737	-	98,574	(16)	30,591	29	71,803	34,393	4,170
Charges and fees	(96)	(94)	(257)	(287)	(228)	(25)	(109)	-	(354)	(1,576)	(98)	(2)	(213)	(100)	(14)
Net loan activities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/maturity	(4,199)	10,752	(11,229)	9,290	650	8,482	8,423	-	(37,382)	21,906	8,525	12,111	(6,228)	-	-
Net assets available for benefits at December 31, 2009	$ 97,876	$ 129,443	$ 370,663	$ 370,207	$ 329,137	$ 46,935	$ 136,221	$ -	$ 437,815	$ 1,835,024	$ 116,262	$ 12,206	$ 301,142	$ 102,610	$ 23,641
		($1)													

	SSgA Mid Cap Index	Vanguard Target Ref 2035	Vanguard Target Ref 2045	Nueberger Berman Partners	SSgA Dow Jones Small Cap Value Index Ret Opt	Vanguard Target Ref 2005	Vanguard Target Ref 2015	Vanguard Target Ref 2025	Loomis Sayles Inv Grade Bond	Alliance Bernstein International Value Inv Opt	Janus Adviser International Growth Ret Opt	Vanguard Target Ref 2020	Vanguard Target Ref 2050	Loans	Grand Total
Net assets available for benefits at December 31, 2008	$ 66,031	$ 141,467	$ 159,340	$ 81,611	$ 18,980	$ 126,696	$ 2,061,341	$ 735,359	$ 162,900	$ 7,577	$ 9,941	$ -	$ -	$ 2,584	$ 6,989,134
Contributions/rollovers/forfeitures	9,199	69,458	24,192	31,883	10,450	85,749	129,249	127,221	56,746	1,627	5,844	234	483	-	1,076,211
Withdrawals/distributions/hardships forfeitures/loans	(1,603)	0	-	(10,570)	-	-	(106,002)	(22,280)	(8,315)	-	-	-	-	-	(458,072)
Dividends, interest and other	-	-	-	-	-	-	-	-	-	-	-	-	-	209	54,608
Net appreciation (depreciation) in fair market value of investments	14,551	55,260	40,837	22,051	9,349	22,526	395,446	173,614	48,356	2,913	7,761	43	57	-	1,400,018
Charges and fees	(46)	(229)	(152)	(54)	(22)	(142)	(1,895)	(722)	(187)	(6)	(14)	-	-	-	(6,922)
Net loan activities	-	-	-	-	-	-	-	-	-	-	-	-	-	(892)	(892)
Transfers in/out/reinvestment/maturity	(35,102)	164,732	(11,214)	(54,504)	(612)	(5,584)	(43,652)	(21,637)	(525)	(12,111)	-	-	-	-	892
Net assets available for benefits at December 31, 2009	$ 53,030	$ 430,688	$ 213,003	$ 70,417	$ 38,145	$ 229,245	$ 2,434,487	$ 991,555	$ 258,975	$ -	$ 23,532	$ 277	$ 540	$ 1,901	$ 9,054,977

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(7) - Detail of changes in net assets by fund

Detail of changes in net assets by fund are shown below as elected by participants to distribute their contributions. The activity of these funds for the year ended December 31, 2008 is as follows:

	Transamerica Balanced	Loomis Stayles Bond	Oppenheimer Global	Janus Capital Appreciation	Transamerica Partners Mid Value	First American Real Esate Sec	Transamerica Partners Core Bond	Franklin Real Estate Sec	Fidelity Advisor Small Cap	Transamerica Stable Value	American Funds Fundamental Inv	American Funds Growth Fund of America Inv Opt	Franklin Flex Cap Growth	SSgA Small Cap Index
Net assets available for benefits at December 31, 2007	$ 131,576	$ 88,340	$ 362,760	$ 453,094	$ 372,601	$ -	$ 122,763	$ 26,021	$ 473,744	$ 628,670	$ 215,521	$ 270,921	$ 183,031	$ 12,124
Contributions/rollovers/forfeitures	20,722	19,673	52,461	42,895	57,014	10,171	18,309	2,344	54,042	150,430	33,489	50,371	14,130	8,485
Withdrawals/distributions/hardships/ forfeitures/loans	-	-	(4,859)	(23,774)	(4,873)	-	(21,774)	(2,245)	(23,128)	(136,073)	-	(5,034)	(16,009)	-
Dividends, interest and other	-	-	-	-	-	-	-	-	-	33,900	-	-	-	-
Net appreciation (depreciation) in fair market value of investments	(48,679)	(17,903)	(157,391)	(194,492)	(156,654)	(10,965)	(3,998)	(307)	(139,008)	-	(81,971)	(120,224)	(66,103)	(6,248)
Charges and fees	(104)	(63)	(269)	(331)	(295)	(11)	(109)	(12)	(383)	(882)	(149)	(221)	(131)	(11)
Net loan activities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/maturity	(4,033)	(19,288)	(11,229)	(18,023)	(44,070)	22,060	(6,613)	(25,801)	2,663	942,254	(71,357)	(205)	(13,962)	(2,008)
Net assets available for benefits at December 31, 2008	$ 99,482	$ 70,759	$ 241,473	$ 259,369	$ 223,723	$ 21,255	$ 108,578	$ -	$ 367,930	$ 1,618,299	$ 95,533	$ 195,608	$ 100,956	$ 12,342

	SSgA Mid Cap Index	Vanguard Target Ref 2035	Vanguard Target Ref 2045	Nueberger Berman Partners	SSgA Dow Jones Small Cap Value Index Ret Opt	Vanguard Target Ref 2005	Vanguard Target Ref 2015	Vanguard Target Ref 2025	Loomis Sayles Inv Grade Bond	Alliance Bernstein International Value Inv Opt	Janus Adviser International Growth Ret Opt	Loans	Grand Total
Net assets available for benefits at December 31, 2007	$ 103,792	$ 318,929	$ 215,024	$ 144,443	$ 20,486	$ 229,139	$ 3,080,930	$ 1,010,202	$ 151,170	$ 12,643	$ 24,317	$ 3,207	$ 8,655,448
Contributions/rollovers/forfeitures	10,209	84,919	26,926	32,395	8,856	80,062	131,470	153,010	56,772	1,684	6,192	-	1,127,031
Withdrawals/distributions/hardships forfeitures/loans	(2,664)	(87)	-	(2,771)	-	(20,066)	-	(53,011)	(19,874)	-	-	-	(336,242)
Dividends, interest and other	-	-	-	-	-	-	-	-	-	-	-	269	34,169
Net appreciation (depreciation) in fair market value of investments	(37,932)	(86,423)	(82,440)	(85,012)	(10,345)	(28,796)	(780,883)	(319,693)	(31,837)	(7,973)	(8,920)	-	(2,484,197)
Charges and fees	(79)	(147)	(170)	(108)	(17)	(131)	(2,399)	(799)	(230)	(9)	(15)	-	(7,075)
Net loan activities	-	-	-	-	-	-	-	-	-	-	-	(892)	(892)
Transfers in/out/reinvestment/maturity	(7,295)	(175,724)	-	(7,336)	-	(133,512)	(367,777)	(54,350)	6,899	1,232	(11,633)	-	892
Net assets available for benefits at December 31, 2008	$ 66,031	$ 141,467	$ 159,340	$ 81,611	$ 18,980	$ 126,696	$ 2,061,341	$ 735,359	$ 162,900	$ 7,577	$ 9,941	$ 2,584	$ 6,989,134

(8) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009				
Mutual funds	$ 6,990,733	$ 6,990,733	$ -	$ -
Investment contract with insurance company (Stable Value), balanced and bond funds	2,062,343	-	2,062,343	-
Participant loans	1,901	-	-	1,901
Total	$ 9,054,977	$ 6,990,733	$ 2,062,343	$ 1,901
December 31, 2008				
Mutual funds	$ 5,102,477	$ 5,102,477	$	$ -
Investment contract with insurance company (Stable Value), balanced and bond funds	1,788,540	-	1,788,540	-
Participant loans	2,584	-	-	2,584
Total	$ 6,893,601	$ 5,102,477	$ 1,788,540	$ 2,584

SFAS NO. 157, *Fair Value Measurements,* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

(8) Fair Value Measurements-continued

Level 1 Fair Value Measurements

The fair value of mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

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 assets or liabilities; inputs tat 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.

The value of the investment contract (Stable Value) are invested in the general account of the insurance company issuing the contract that offers the particular Stable Value Option investment choice. All assets in the Stable value Option investment choices are credited with interest using a declared monthly rate determined by Transamerica and stated in advance.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

Fair value measurements using significant unobservable inputs (Level 3):

	Participant Loans	Total
December 31, 2009		
Beginning Balance	$ 2,584	$ 2,584
Total gains and losses (realized and unrealized) included in net assets available for benefits	-	-
Purchases, sales, issuances, and settlements (net)	(683)	(683)
	$ 1,901	$ 1,901

(8) Fair Value Measurements-continued

December 31, 2008	Participant Loans	Total
Beginning Balance	$ 3,207	$ 3,207
Total gains and losses (realized and unrealized) included in net assets available for benefits	-	-
Purchases, sales, issuances, and settlements (net)	(623)	(623)
	$ 2,584	$ 2,584

FORM 5500

SUPPLEMENTAL SCHEDULE

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN
94-2247016 Plan 001

Schedule 1

Schedule H Part IV Line 4 (I) Schedule of Assets (Held at End of Year)

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
*	Transamerica Life Insurance Co.	Transamerica Balanced		$ 97,876
*	Transamerica Life Insurance Co.	Loomis Sayles Bond		129,443
*	Transamerica Life Insurance Co.	Oppenheimer Global		370,663
*	Transamerica Life Insurance Co.	Janus Capital Appreciation		370,207
*	Transamerica Life Insurance Co.	Diversified Inv Mid-Cap Value		329,137
*	Transamerica Life Insurance Co.	First American Real Estate Sec		46,935
*	Transamerica Life Insurance Co.	Diversified Inv Core Bond		136,221
*	Transamerica Life Insurance Co.	Fidelity Advisor Small Cap		437,815
*	Transamerica Life Insurance Co.	Transamerica Stable Value		1,835,024
*	Transamerica Life Insurance Co.	American Funds Fundamental Inv		116,262
*	Transamerica Life Insurance Co.	American Funds EuroPac Growth		12,206
*	Transamerica Life Insurance Co.	American Funds Growth Fund of		
	Transamerica Life Insurance Co.	America Inv Opt		301,142
*	Transamerica Life Insurance Co.	Franklin Flex Cap Growth		102,610
*	Transamerica Life Insurance Co.	SSgA Small-Cap Index		23,641
*	Transamerica Life Insurance Co.	SSgA Mid-Cap Index		53,030
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2035		430,688
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2045		213,003
*	Transamerica Life Insurance Co.	Neuberger Berman Partners		70,417
*	Transamerica Life Insurance Co.	SSgA Dow Jones Small Cap		
	Transamerica Life Insurance Co.	Value Index Ret Opt		38,145
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2005		229,245
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2015		2,434,487
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2025		991,555
*	Transamerica Life Insurance Co.	Loomis Sayles Inv Grade Bond		258,975
*	Transamerica Life Insurance Co.	AllianceBernstein International		
	Transamerica Life Insurance Co.	Value Inv Opt		-
*	Transamerica Life Insurance Co.	Janus Adviser International Growth		
	Transamerica Life Insurance Co.	Ret Opt		23,532
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2020		277
*	Transamerica Life Insurance Co.	Vanguard Target Ret 2050		540
*	Participant Loan Fund	Participant Loan Fund (9.25%)		1,901
				$ 9,054,977

* Party-in-interest to the Plan

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Name: Stangenes Idustries, Inc Profit Sharing Plan
Contract #: 997276
EIN: 94-2247016
Plan ID: 4213
Plan #: 001
Period: 01/01/2009-12/31/2009

(a)	(b) Identity of issue, borrower, lessor, or similar a party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Balanced Ret Opt	97,876	97,876
*	TRANSAMERICA LIFE INSURANCE CO.	Loomis Sayles Bond Ret Opt	129,442	129,442
*	TRANSAMERICA LIFE INSURANCE CO.	Janus Capital Appreciation Ret Opt	370,208	370,208
*	TRANSAMERICA LIFE INSURANCE CO.	Oppenheimer Global Ret Opt	370,663	370,663
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Partners Mid Value Ret Opt	329,137	329,137
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Partners Core Bond Ret Opt	136,221	136,221
*	TRANSAMERICA LIFE INSURANCE CO.	Fidelity Advisor Small Cap Inv Opt	437,815	437,815
*	TRANSAMERICA LIFE INSURANCE CO.	American Funds Fundamental Investors Inv Opt	116,261	116,261
*	TRANSAMERICA LIFE INSURANCE CO.	American Funds Growth Fund of America Inv Opt	301,142	301,142
*	TRANSAMERICA LIFE INSURANCE CO.	Franklin Flex Cap Growth Inv Opt	102,610	102,610
*	TRANSAMERICA LIFE INSURANCE CO.	SSgA Small-Cap Index Ret Opt	23,641	23,641
*	TRANSAMERICA LIFE INSURANCE CO.	SSgA Mid-Cap Index Ret Opt	53,029	53,029
*	TRANSAMERICA LIFE INSURANCE CO.	Neuberger Berman Partners Inv Opt	70,417	70,417
*	TRANSAMERICA LIFE INSURANCE CO.	SSgA Dow Jones Small Cap Value Index Ret Opt	38,144	38,144
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2005 Ret Opt	229,245	229,245
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2015 Ret Opt	2,434,488	2,434,488
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2025 Ret Opt	991,555	991,555
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2035 Ret Opt	430,688	430,688
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2045 Ret Opt	213,003	213,003
*	TRANSAMERICA LIFE INSURANCE CO.	American Funds EuroPacific Growth Ret Opt	12,206	12,206
*	TRANSAMERICA LIFE INSURANCE CO.	First American Real Estate Securities Ret Opt	46,935	46,935
*	TRANSAMERICA LIFE INSURANCE CO.	Janus Adviser International Growth Ret Opt	23,532	23,532
*	TRANSAMERICA LIFE INSURANCE CO.	Loomis Sayles Investment Grade Bond Ret Opt	258,975	258,975
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2020 Ret Opt	277	277
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2050 Ret Opt	540	540