Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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

4545 FULLER DR. SUITE 370
IRVING, TX 75038

4545 FULLER DR. SUITE 370
IRVING, TX 75038

2b Employer Identification Number (EIN)
94-3391258

2c Sponsor's telephone number
972-510-1202

2d Business code (see instructions)
721110

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	JULIE KIRKLAND
	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")
ANDRUS/HUNTINGTON GROUP, INC.

4545 FULLER DR. SUITE 370
IRVING, TX 75038

3b Administrator's EIN
94-3391258

3c Administrator's telephone number
972-510-1202

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**	626
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**	734
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	750
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	750
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	74
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 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)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

D Employer Identification Number (EIN)
94-3391258

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65	RECORDKEEPER	7025	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 ☐

(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

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

(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
ANDRUS/HUNTINGTON GROUP, INC. 401(K) 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
ANDRUS/HUNTINGTON GROUP, INC.

D Employer Identification Number (EIN)
94-3391258

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: FID MGD INC PORT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	1

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

D Employer Identification Number (EIN)
94-3391258

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	311598	355899
(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)	9634	31442
(9) Value of interest in common/collective trusts	1c(9)	1	1
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	651177	944820
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	972410	1332162
	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	972410	1332162

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)	55138	
	(B) Participants	2a(1)(B)	130956	
	(C) Others (including rollovers)	2a(1)(C)	6983	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		193077
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2077	
	(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)	570	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2647
	(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)	17234	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		17234
	(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)		

			(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)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		202969
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		415927
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34068	
	(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)		34068
f	Corrective distributions (see instructions)	2f		10331
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	11776	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11776
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		56175
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		359752
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: JCCS, P.C. **(2)** EIN: 81-0348775

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		X	

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
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

D Employer Identification Number (EIN)
94-3391258

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): 04-6568107

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):

ANDRUS/HUNTINGTON GROUP INC.
401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP
PLAN 001

AUDITED FINANCIAL STATEMENTS
With Supplemental Material

December 31, 2009 and 2008





Junkermier · Clark
Campanella · Stevens · P.C.

Certified Public Accountants and Business Advisors

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
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Junkermier · Clark
Campanella · Stevens · P.C.
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Advisory Committee of the
Andrus/Huntington Group Inc. c/o Huntington Service Corp
Bozeman, Montana

We were engaged to audit the financial statements of Andrus/Huntington Group Inc. c/o Huntington Service Corp, Plan 001, as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and the supplemental schedule as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company for the year ended December 31, 2009, the trustee of Plan investments, except for comparing the information and the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the investment trustee holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the investment trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the investment trustee is complete and accurate.

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

Bozeman, Montana
September 27, 2010

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2009	**2008**
ASSETS		
Investments:		
At fair value:		
Mutual funds	$ 1,300,719	$ 962,776
Participant notes receivable	31,442	9,634
	1,332,161	972,410
Receivables:		
Participant contributions	6,185	5,661
Employer's contribution	52,859	55,091
	59,044	60,752
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,391,205	$ 1,033,162

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net realized and unrealized gain on investments	$ 202,969	
Interest and dividend income	19,881	
		$ 222,850
Contributions:		
Participant rollover contributions	6,983	
Participant elective deferrals	131,480	
Employer contributions	52,903	
		191,366
Total additions		414,216
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants or beneficiaries	34,066	
Corrective distributions	10,331	
Administrative expenses	11,776	
Total deductions		56,173
NET INCREASE		358,043
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year		1,033,162
NET ASSETS AVAILABLE FOR BENEFITS, end of year		$ 1,391,205

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

1. DESCRIPTION OF PLAN

The following description of the Andrus/Huntington Group Inc. 401K Plan, Plan 001 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 voluntary defined contribution plan qualifying under Section 401(K) of the Internal Revenue Code of 1986. It covers substantially all U.S. employees of the company. Employees may enter the Plan upon completion of six months of service and attainment of age 21. Entry dates are the first day of each month following the date the employee meets the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is a single employer plan and has been restated effective September 8, 2009 to incorporate required regulatory update.

Contributions:

Each calendar year, participants may contribute elective deferrals up to the lesser of $16,500 in 2009 and $15,500 in 2008 not to exceed 60% of their pretax annual compensation, as defined in the Plan. There is an opportunity for a catch-up contribution in the amount of $5,500 for participants 50 and older for 2009 and 2008. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds. At its discretion, the Company may make matching contributions. In addition, nonelective contributions integrated with social security may be made. Participants are eligible for matching contributions and nonelective contributions as long as they have completed a year of service, defined as 1,000 hours, and are employed on the last day of the plan year.

Participant Accounts:

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of Plan earnings. Investment income (loss) is allocated to each participant's account according to the number of units held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans:

Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested interest in their account balance, whichever is less. The loans are secured by the balance in the participants's account and bear interest at a rate of 5.5% which is commensurate with the local prevailing rates as determined by the Plan administrator. Plan loans must be repaid by a salary deduction in equal payments each pay period.

1. DESCRIPTION OF PLAN (Continued)

Vesting:

Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. An employee is credited with a year of service upon each anniversary date following date of hire. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

Years Of Service	Vesting Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

Payment of Benefits and Disposition of Forfeitures:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until the later of April 1 of the year succeeding the year in which age 70-1/2 is attained or termination of employment. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code. Terminated participants with vested account balances less than $1,000 will have their account balance distributed as soon as administratively feasible. Terminated participants with account balances greater than $1,000, but less than $5,000 will have their account rolled into an IRA. Account balances forfeited under the vesting schedule are used to pay plan administrative expenses or to reduce the employer contribution in the subsequent Plan year. For the Plan years ended December 31, 2009 and 2008, forfeitures accumulated during the previous Plan year were used to pay plan expenses of $11,200 and $5,473, respectively.

Investment Options:

Upon enrollment in the Plan, a participant may direct both their employee and employer contributions, in any of the investment options offered by the plan. Participants may change their investment options at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held in individual separate accounts. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Participant loans receivable are valued at cost, which approximates fair value.

Income Tax Status:

The employer may rely on the advisory letter issued by the Internal Revenue Service to Fidelity as evidence that this plan is qualified under Code Section 401. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Payments of Benefits:

Benefits are recorded when paid.

3. INVESTMENTS (CERTIFIED BY CUSTODIAN)

All of the Plan's investments in mutual funds were held by Fidelity Management Trust Company as of December 31, 2009 and 2008. The investments are self-directed by plan participants. As of December 31, 2009 and 2008, the participants had a choice of various mutual funds. The following table presents the fair value of investments as determined by quoted market prices at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets.

Description	2009	Description	2008
FID Contrafund	$ 189,456	FID Contrafund	$ 135,329
FID Freedom 2020	190,098	FID Freedom 2020	148,535
FID Freedom 2030	157,763	FID Freedom 2030	116,144
Fidelity Retire MMKT	355,899	Fidelity Retire MMKT	311,598
Total funds listed above	893,216	Total funds listed above	711,606
Other mutual fund investments	407,503	Other mutual fund investments	251,170
Total mutual fund investments	$ 1,300,719	Total mutual fund investments	$ 962,776

4. FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount 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.

4. FAIR VALUE MEASUREMENT (Continued)

		Fair Value Measurement Using:		
December 31, 2009	**Fair Value**	**Quoted Price in Active Markets for Identical Assets Level 1**	**Significant Observable Other Inputs Level 2**	**Significant Unobservable Inputs Level 3**
Mutual funds	$ 1,300,719	$ 1,300,719	$ -	$ -
Participant notes receivable	31,442	-	-	31,442
Total investments at fair value	$ 1,332,161	$ 1,300,719	$ -	$ 31,442
December 31, 2008				
Mutual funds	$ 962,776	$ 962,776	$ -	$ -
Participant receivable	9,634	-	-	9,634
Total investments at fair value	$ 972,410	$ 962,776	$ -	$ 9,634

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, 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 were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on the quoted net asset values of the shares held by the Plan at yearend. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of Level 3 fair value measurements.

4. FAIR VALUE MEASUREMENT (Continued)

December 31, 2009:

	Participant Notes Receivable
Balance, beginning of year	$ 9,634
Purchases, sales, issuances and settlements (net)	21,808
Balance, end of year	$ 31,442

December 31, 2008:

	Participant Notes Receivable
Balance, beginning of year	$ 41,635
Purchases, sales, issuances and settlements (net)	(32,001)
Balance, end of year	$ 9,634

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, partially terminated, or if there is a complete discontinuance of contributions by the employer, all amounts credited to the accounts of participants shall vest and become non-forfeitable.

6. RELATED PARTY TRANSACTIONS

Fidelity Management Trust Company acts as trustee and custodian of the Plan. Additionally, certain mutual funds offered as investment options under the Plan are managed by Fidelity Management Trust Company. The Company provides certain accounting, administrative and investment management services to the Plan for which $7,026 and $6,799 fees were charged for the year ending December 31, 2009 and 2008, respectively. These transactions are exempt party-in-interest transactions.

7. ADMINISTRATIVE EXPENSES

The Plan sponsor pays for some of the administrative expenses for operating the Plan. Generally, those expenses include the cost of audit and some administration fees. The Plan permits the payment of plan-related expenses to be made from plan assets. These expenses will be allocated proportionately based on the value of the account balances or as an equal dollar amount based on the number of plan participants. The Plan permits the payment of expenses which are incurred by or attributable to a particular individual based on the use of a particular plan feature to be assessed against an individual participant's account. Examples of these are loan fees, expenses related to qualified domestic relations orders (QDROs) and hardship distributions.

8. FINANCIAL STATEMENTS AND FORM 5500 DIFFERENCES

The following summarizes differences between the financial statements and Form 5500:

	2009	2008
Receivables - financial statements	$ 59,044	$ 60,752
Net assets available for benefits:		
Financial statements	$ 1,391,205	$ 1,033,162
Less receivables	(59,044)	(60,752)
Form 5500	$ 1,332,161	$ 972,410
Contributions - financial statements	$ 191,366	$ 187,349
Receivables - prior year balance	60,752	65,227
Receivables -current year balance	(59,044)	(60,752)
Contributions - Form 5500	$ 193,074	$ 191,824

9. RISKS AND UNCERTAINTIES

The Plan invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

10. SUBSEQUENT EVENTS

Date of Management Evaluation

Management has evaluated subsequent events through September 27, 2010 , the date on which the financial statements were available to be issued.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
Employer Identification Number: 94-3391258
FORM 5500
SCHEDULE H LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2009

(a)	(b) + (c)		(d)	(e)
			Cost	Fair Value
	Identity of Issue and Description	(shares)	2009	2009
	Cash Equivalents:			
	Fidelity Retire MMKT	355,899.000	$ 355,899	$ 355,899
	Total cash equivalents		355,899	355,899
	Mutual Fund:			
	FID Fidelity	355.743	10,401	10,082
	FID Puritan	2,756.746	43,116	44,273
	FID Equity Income	301.626	13,849	11,806
	FID Growth	859.914	44,981	59,317
	Fidelity Invst. GR BD	2,123.985	15,035	14,953
	FID Intermed Bond B	1,498.925	14,820	15,214
	FID Value	330.558	18,615	18,822
	FID OTC Portfolio	53.575	1,912	2,449
	FID Overseas	605.114	21,519	18,716
	FID Dividend Growth	492.140	13,024	11,649
	FID Blue Chip Growth	335.357	13,197	12,727
	Fidelity Low PR STK	164.723	5,051	5,261
	Fidelity Gr Strategies	284.510	4,788	4,629
	FID Diversified Intl	909.914	27,692	25,478
	FID Mid Cap Stock	824.710	17,967	19,315
	FID Large Cap Stock	409.036	6,401	6,131
	FID Freedom Income	186.498	2,017	2,003
	FID Freedom 2000	460.186	5,028	5,223
	FID Freedom 2010	222.909	28,863	27,809
	FID Freedom 2015	1,694.199	16,851	17,654
	FID Freedom 2025	238.842	2,516	2,482
	FID Freedom 2020	15,147.266	203,842	190,098
	FID SM Cap Discovery	6.890	112	107
	SPTN Total MKT Index	27.568	896	870
	Fidelity Freedom 2040	1,500.289	11,466	10,742
	Fidelity Contrafund	3,250.787	165,242	189,456
	Fidelity Real Estate INVS	626.155	13,515	12,623
	Fidelity EXP & Multinational	1,377.254	25,968	27,022
	Fidelity Short Term Bond	307.861	2,602	2,558
	Fidelity Freedom 2005	175.808	1,906	1,763
	Fidelity Freedom 2035	509.000	5,563	5,222
	Fidelity Fifty	146.059	2,436	2,197
	Fidelity Small Cap Value	330.831	3,895	4,195
	FID Value Strategies	16.365	300	362
	FID Equity Income II	235.730	3,611	3,849
	FID Freedom 2030	12,733.099	178,506	157,763
	Total Mutual Fund		947,503	944,820
	PARTICIPANT NOTES RECEIVABLE 5.5%		-	31,442
	GRAND TOTAL		$ 1,303,402	$ 1,332,161

ANDRUS/HUNTINGTON GROUP INC.
401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP
PLAN 001

AUDITED FINANCIAL STATEMENTS
With Supplemental Material

December 31, 2009 and 2008





Junkermier · Clark
Campanella · Stevens · P.C.

Certified Public Accountants and Business Advisors

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
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Junkermier · Clark
Campanella · Stevens · P.C.
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Advisory Committee of the
Andrus/Huntington Group Inc. c/o Huntington Service Corp
Bozeman, Montana

We were engaged to audit the financial statements of Andrus/Huntington Group Inc. c/o Huntington Service Corp, Plan 001, as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and the supplemental schedule as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company for the year ended December 31, 2009, the trustee of Plan investments, except for comparing the information and the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the investment trustee holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the investment trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the investment trustee is complete and accurate.

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

Bozeman, Montana
September 27, 2010

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2009	**2008**
ASSETS		
Investments:		
At fair value:		
Mutual funds	$ 1,300,719	$ 962,776
Participant notes receivable	31,442	9,634
	1,332,161	972,410
Receivables:		
Participant contributions	6,185	5,661
Employer's contribution	52,859	55,091
	59,044	60,752
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,391,205	$ 1,033,162

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net realized and unrealized gain on investments	$ 202,969	
Interest and dividend income	19,881	
		$ 222,850
Contributions:		
Participant rollover contributions	6,983	
Participant elective deferrals	131,480	
Employer contributions	52,903	
		191,366
Total additions		414,216
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants or beneficiaries	34,066	
Corrective distributions	10,331	
Administrative expenses	11,776	
Total deductions		56,173
NET INCREASE		358,043
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year		1,033,162
NET ASSETS AVAILABLE FOR BENEFITS, end of year		$ 1,391,205

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

1. DESCRIPTION OF PLAN

The following description of the Andrus/Huntington Group Inc. 401K Plan, Plan 001 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 voluntary defined contribution plan qualifying under Section 401(K) of the Internal Revenue Code of 1986. It covers substantially all U.S. employees of the company. Employees may enter the Plan upon completion of six months of service and attainment of age 21. Entry dates are the first day of each month following the date the employee meets the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is a single employer plan and has been restated effective September 8, 2009 to incorporate required regulatory update.

Contributions:

Each calendar year, participants may contribute elective deferrals up to the lesser of $16,500 in 2009 and $15,500 in 2008 not to exceed 60% of their pretax annual compensation, as defined in the Plan. There is an opportunity for a catch-up contribution in the amount of $5,500 for participants 50 and older for 2009 and 2008. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds. At its discretion, the Company may make matching contributions. In addition, nonelective contributions integrated with social security may be made. Participants are eligible for matching contributions and nonelective contributions as long as they have completed a year of service, defined as 1,000 hours, and are employed on the last day of the plan year.

Participant Accounts:

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of Plan earnings. Investment income (loss) is allocated to each participant's account according to the number of units held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans:

Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested interest in their account balance, whichever is less. The loans are secured by the balance in the participants's account and bear interest at a rate of 5.5% which is commensurate with the local prevailing rates as determined by the Plan administrator. Plan loans must be repaid by a salary deduction in equal payments each pay period.

1. DESCRIPTION OF PLAN (Continued)

Vesting:

Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. An employee is credited with a year of service upon each anniversary date following date of hire. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

Years Of Service	Vesting Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

Payment of Benefits and Disposition of Forfeitures:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until the later of April 1 of the year succeeding the year in which age 70-1/2 is attained or termination of employment. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code. Terminated participants with vested account balances less than $1,000 will have their account balance distributed as soon as administratively feasible. Terminated participants with account balances greater than $1,000, but less than $5,000 will have their account rolled into an IRA. Account balances forfeited under the vesting schedule are used to pay plan administrative expenses or to reduce the employer contribution in the subsequent Plan year. For the Plan years ended December 31, 2009 and 2008, forfeitures accumulated during the previous Plan year were used to pay plan expenses of $11,200 and $5,473, respectively.

Investment Options:

Upon enrollment in the Plan, a participant may direct both their employee and employer contributions, in any of the investment options offered by the plan. Participants may change their investment options at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held in individual separate accounts. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Participant loans receivable are valued at cost, which approximates fair value.

Income Tax Status:

The employer may rely on the advisory letter issued by the Internal Revenue Service to Fidelity as evidence that this plan is qualified under Code Section 401. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Payments of Benefits:

Benefits are recorded when paid.

3. INVESTMENTS (CERTIFIED BY CUSTODIAN)

All of the Plan's investments in mutual funds were held by Fidelity Management Trust Company as of December 31, 2009 and 2008. The investments are self-directed by plan participants. As of December 31, 2009 and 2008, the participants had a choice of various mutual funds. The following table presents the fair value of investments as determined by quoted market prices at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets.

Description	2009	Description	2008
FID Contrafund	$ 189,456	FID Contrafund	$ 135,329
FID Freedom 2020	190,098	FID Freedom 2020	148,535
FID Freedom 2030	157,763	FID Freedom 2030	116,144
Fidelity Retire MMKT	355,899	Fidelity Retire MMKT	311,598
Total funds listed above	893,216	Total funds listed above	711,606
Other mutual fund investments	407,503	Other mutual fund investments	251,170
Total mutual fund investments	$ 1,300,719	Total mutual fund investments	$ 962,776

4. FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount 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.

4. FAIR VALUE MEASUREMENT (Continued)

		Fair Value Measurement Using:		
December 31, 2009	**Fair Value**	**Quoted Price in Active Markets for Identical Assets Level 1**	**Significant Observable Other Inputs Level 2**	**Significant Unobservable Inputs Level 3**
Mutual funds	$ 1,300,719	$ 1,300,719	$ -	$ -
Participant notes receivable	31,442	-	-	31,442
Total investments at fair value	$ 1,332,161	$ 1,300,719	$ -	$ 31,442
December 31, 2008				
Mutual funds	$ 962,776	$ 962,776	$ -	$ -
Participant receivable	9,634	-	-	9,634
Total investments at fair value	$ 972,410	$ 962,776	$ -	$ 9,634

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, 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 were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on the quoted net asset values of the shares held by the Plan at yearend. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of Level 3 fair value measurements.

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December 31, 2009:

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Balance, beginning of year	$ 9,634
Purchases, sales, issuances and settlements (net)	21,808
Balance, end of year	$ 31,442

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	Participant Notes Receivable
Balance, beginning of year	$ 41,635
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8. FINANCIAL STATEMENTS AND FORM 5500 DIFFERENCES

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10. SUBSEQUENT EVENTS

Date of Management Evaluation

Management has evaluated subsequent events through September 27, 2010 , the date on which the financial statements were available to be issued.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
Employer Identification Number: 94-3391258
FORM 5500
SCHEDULE H LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2009

(a)	(b) + (c)		(d)	(e)
			Cost	Fair Value
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	Total cash equivalents		355,899	355,899
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	PARTICIPANT NOTES RECEIVABLE 5.5%		-	31,442
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ANDRUS/HUNTINGTON GROUP INC.
401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP
PLAN 001

AUDITED FINANCIAL STATEMENTS
With Supplemental Material

December 31, 2009 and 2008





Junkermier · Clark
Campanella · Stevens · P.C.

Certified Public Accountants and Business Advisors

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
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Junkermier · Clark
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Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Advisory Committee of the
Andrus/Huntington Group Inc. c/o Huntington Service Corp
Bozeman, Montana

We were engaged to audit the financial statements of Andrus/Huntington Group Inc. c/o Huntington Service Corp, Plan 001, as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and the supplemental schedule as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company for the year ended December 31, 2009, the trustee of Plan investments, except for comparing the information and the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the investment trustee holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the investment trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the investment trustee is complete and accurate.

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

Bozeman, Montana
September 27, 2010

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2009	**2008**
ASSETS		
Investments:		
At fair value:		
Mutual funds	$ 1,300,719	$ 962,776
Participant notes receivable	31,442	9,634
	1,332,161	972,410
Receivables:		
Participant contributions	6,185	5,661
Employer's contribution	52,859	55,091
	59,044	60,752
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,391,205	$ 1,033,162

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net realized and unrealized gain on investments	$ 202,969	
Interest and dividend income	19,881	
		$ 222,850
Contributions:		
Participant rollover contributions	6,983	
Participant elective deferrals	131,480	
Employer contributions	52,903	
		191,366
Total additions		414,216
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants or beneficiaries	34,066	
Corrective distributions	10,331	
Administrative expenses	11,776	
Total deductions		56,173
NET INCREASE		358,043
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year		1,033,162
NET ASSETS AVAILABLE FOR BENEFITS, end of year		$ 1,391,205

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

1. DESCRIPTION OF PLAN

The following description of the Andrus/Huntington Group Inc. 401K Plan, Plan 001 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 voluntary defined contribution plan qualifying under Section 401(K) of the Internal Revenue Code of 1986. It covers substantially all U.S. employees of the company. Employees may enter the Plan upon completion of six months of service and attainment of age 21. Entry dates are the first day of each month following the date the employee meets the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is a single employer plan and has been restated effective September 8, 2009 to incorporate required regulatory update.

Contributions:

Each calendar year, participants may contribute elective deferrals up to the lesser of $16,500 in 2009 and $15,500 in 2008 not to exceed 60% of their pretax annual compensation, as defined in the Plan. There is an opportunity for a catch-up contribution in the amount of $5,500 for participants 50 and older for 2009 and 2008. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds. At its discretion, the Company may make matching contributions. In addition, nonelective contributions integrated with social security may be made. Participants are eligible for matching contributions and nonelective contributions as long as they have completed a year of service, defined as 1,000 hours, and are employed on the last day of the plan year.

Participant Accounts:

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of Plan earnings. Investment income (loss) is allocated to each participant's account according to the number of units held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans:

Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested interest in their account balance, whichever is less. The loans are secured by the balance in the participants's account and bear interest at a rate of 5.5% which is commensurate with the local prevailing rates as determined by the Plan administrator. Plan loans must be repaid by a salary deduction in equal payments each pay period.

1. DESCRIPTION OF PLAN (Continued)

Vesting:

Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. An employee is credited with a year of service upon each anniversary date following date of hire. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

Years Of Service	Vesting Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

Payment of Benefits and Disposition of Forfeitures:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until the later of April 1 of the year succeeding the year in which age 70-1/2 is attained or termination of employment. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code. Terminated participants with vested account balances less than $1,000 will have their account balance distributed as soon as administratively feasible. Terminated participants with account balances greater than $1,000, but less than $5,000 will have their account rolled into an IRA. Account balances forfeited under the vesting schedule are used to pay plan administrative expenses or to reduce the employer contribution in the subsequent Plan year. For the Plan years ended December 31, 2009 and 2008, forfeitures accumulated during the previous Plan year were used to pay plan expenses of $11,200 and $5,473, respectively.

Investment Options:

Upon enrollment in the Plan, a participant may direct both their employee and employer contributions, in any of the investment options offered by the plan. Participants may change their investment options at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held in individual separate accounts. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Participant loans receivable are valued at cost, which approximates fair value.

Income Tax Status:

The employer may rely on the advisory letter issued by the Internal Revenue Service to Fidelity as evidence that this plan is qualified under Code Section 401. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Payments of Benefits:

Benefits are recorded when paid.

3. INVESTMENTS (CERTIFIED BY CUSTODIAN)

All of the Plan's investments in mutual funds were held by Fidelity Management Trust Company as of December 31, 2009 and 2008. The investments are self-directed by plan participants. As of December 31, 2009 and 2008, the participants had a choice of various mutual funds. The following table presents the fair value of investments as determined by quoted market prices at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets.

Description	2009	Description	2008
FID Contrafund	$ 189,456	FID Contrafund	$ 135,329
FID Freedom 2020	190,098	FID Freedom 2020	148,535
FID Freedom 2030	157,763	FID Freedom 2030	116,144
Fidelity Retire MMKT	355,899	Fidelity Retire MMKT	311,598
Total funds listed above	893,216	Total funds listed above	711,606
Other mutual fund investments	407,503	Other mutual fund investments	251,170
Total mutual fund investments	$ 1,300,719	Total mutual fund investments	$ 962,776

4. FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount 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.

4. FAIR VALUE MEASUREMENT (Continued)

		Fair Value Measurement Using:		
December 31, 2009	**Fair Value**	**Quoted Price in Active Markets for Identical Assets Level 1**	**Significant Observable Other Inputs Level 2**	**Significant Unobservable Inputs Level 3**
Mutual funds	$ 1,300,719	$ 1,300,719	$ -	$ -
Participant notes receivable	31,442	-	-	31,442
Total investments at fair value	$ 1,332,161	$ 1,300,719	$ -	$ 31,442
December 31, 2008				
Mutual funds	$ 962,776	$ 962,776	$ -	$ -
Participant receivable	9,634	-	-	9,634
Total investments at fair value	$ 972,410	$ 962,776	$ -	$ 9,634

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, 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 were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on the quoted net asset values of the shares held by the Plan at yearend. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of Level 3 fair value measurements.

4. FAIR VALUE MEASUREMENT (Continued)

December 31, 2009:

	Participant Notes Receivable
Balance, beginning of year	$ 9,634
Purchases, sales, issuances and settlements (net)	21,808
Balance, end of year	$ 31,442

December 31, 2008:

	Participant Notes Receivable
Balance, beginning of year	$ 41,635
Purchases, sales, issuances and settlements (net)	(32,001)
Balance, end of year	$ 9,634

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, partially terminated, or if there is a complete discontinuance of contributions by the employer, all amounts credited to the accounts of participants shall vest and become non-forfeitable.

6. RELATED PARTY TRANSACTIONS

Fidelity Management Trust Company acts as trustee and custodian of the Plan. Additionally, certain mutual funds offered as investment options under the Plan are managed by Fidelity Management Trust Company. The Company provides certain accounting, administrative and investment management services to the Plan for which $7,026 and $6,799 fees were charged for the year ending December 31, 2009 and 2008, respectively. These transactions are exempt party-in-interest transactions.

7. ADMINISTRATIVE EXPENSES

The Plan sponsor pays for some of the administrative expenses for operating the Plan. Generally, those expenses include the cost of audit and some administration fees. The Plan permits the payment of plan-related expenses to be made from plan assets. These expenses will be allocated proportionately based on the value of the account balances or as an equal dollar amount based on the number of plan participants. The Plan permits the payment of expenses which are incurred by or attributable to a particular individual based on the use of a particular plan feature to be assessed against an individual participant's account. Examples of these are loan fees, expenses related to qualified domestic relations orders (QDROs) and hardship distributions.

8. FINANCIAL STATEMENTS AND FORM 5500 DIFFERENCES

The following summarizes differences between the financial statements and Form 5500:

	2009	2008
Receivables - financial statements	$ 59,044	$ 60,752
Net assets available for benefits:		
Financial statements	$ 1,391,205	$ 1,033,162
Less receivables	(59,044)	(60,752)
Form 5500	$ 1,332,161	$ 972,410
Contributions - financial statements	$ 191,366	$ 187,349
Receivables - prior year balance	60,752	65,227
Receivables -current year balance	(59,044)	(60,752)
Contributions - Form 5500	$ 193,074	$ 191,824

9. RISKS AND UNCERTAINTIES

The Plan invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

10. SUBSEQUENT EVENTS

Date of Management Evaluation

Management has evaluated subsequent events through September 27, 2010 , the date on which the financial statements were available to be issued.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
Employer Identification Number: 94-3391258
FORM 5500
SCHEDULE H LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2009

(a)	(b) + (c)		(d)	(e)
			Cost	Fair Value
	Identity of Issue and Description	(shares)	2009	2009
	Cash Equivalents:			
	Fidelity Retire MMKT	355,899.000	$ 355,899	$ 355,899
	Total cash equivalents		355,899	355,899
	Mutual Fund:			
	FID Fidelity	355.743	10,401	10,082
	FID Puritan	2,756.746	43,116	44,273
	FID Equity Income	301.626	13,849	11,806
	FID Growth	859.914	44,981	59,317
	Fidelity Invst. GR BD	2,123.985	15,035	14,953
	FID Intermed Bond B	1,498.925	14,820	15,214
	FID Value	330.558	18,615	18,822
	FID OTC Portfolio	53.575	1,912	2,449
	FID Overseas	605.114	21,519	18,716
	FID Dividend Growth	492.140	13,024	11,649
	FID Blue Chip Growth	335.357	13,197	12,727
	Fidelity Low PR STK	164.723	5,051	5,261
	Fidelity Gr Strategies	284.510	4,788	4,629
	FID Diversified Intl	909.914	27,692	25,478
	FID Mid Cap Stock	824.710	17,967	19,315
	FID Large Cap Stock	409.036	6,401	6,131
	FID Freedom Income	186.498	2,017	2,003
	FID Freedom 2000	460.186	5,028	5,223
	FID Freedom 2010	222.909	28,863	27,809
	FID Freedom 2015	1,694.199	16,851	17,654
	FID Freedom 2025	238.842	2,516	2,482
	FID Freedom 2020	15,147.266	203,842	190,098
	FID SM Cap Discovery	6.890	112	107
	SPTN Total MKT Index	27.568	896	870
	Fidelity Freedom 2040	1,500.289	11,466	10,742
	Fidelity Contrafund	3,250.787	165,242	189,456
	Fidelity Real Estate INVS	626.155	13,515	12,623
	Fidelity EXP & Multinational	1,377.254	25,968	27,022
	Fidelity Short Term Bond	307.861	2,602	2,558
	Fidelity Freedom 2005	175.808	1,906	1,763
	Fidelity Freedom 2035	509.000	5,563	5,222
	Fidelity Fifty	146.059	2,436	2,197
	Fidelity Small Cap Value	330.831	3,895	4,195
	FID Value Strategies	16.365	300	362
	FID Equity Income II	235.730	3,611	3,849
	FID Freedom 2030	12,733.099	178,506	157,763
	Total Mutual Fund		947,503	944,820
	PARTICIPANT NOTES RECEIVABLE 5.5%		-	31,442
	GRAND TOTAL		$ 1,303,402	$ 1,332,161