

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SANLO MANUFACTURING COMPANY, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1959</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1959</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1959</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SANLO MANUFACTURING COMPANY, INC.</u> <u>400 STATE HIGHWAY 212</u> <u>MICHIGAN CITY, IN 46360</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>30-0257208</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>219-879-0241</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>30-0257208</u>	2c Sponsor's telephone number <u>219-879-0241</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>30-0257208</u>					
2c Sponsor's telephone number <u>219-879-0241</u>					
2d Business code (see instructions) <u>332900</u>					

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.	10/12/2010	LEROY PILSNER
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SANLO MANUFACTURING COMPANY, INC. 400 STATE HIGHWAY 212 MICHIGAN CITY, IN 46360	3b Administrator's EIN 30-0257208 3c Administrator's telephone number 219-879-0241
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	108
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	66
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	23
d Subtotal. Add lines 6a , 6b , and 6c	6d	89
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	89
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	89
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 SANLO MANUFACTURING COMPANY, 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 SANLO MANUFACTURING COMPANY, INC.	D Employer Identification Number (EIN) 30-0257208

Part I	Service Provider Information (see instructions)
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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	
SUNGARD INSTITUTIONAL BROKERAGE INC	377 EAST BUTTERFIELD ROAD, STE 800 LOMBARD, IL 60148
06-1256721	

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

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

(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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 SANLO MANUFACTURING COMPANY, 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 SANLO MANUFACTURING COMPANY, INC.		D Employer Identification Number (EIN) 30-0257208

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)	57902	16093
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	934548	1111761
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	992450	1127854

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	4874	698
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4874	698

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	987576	1127156
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	14781	
(B) Participants	2a(1)(B)	90309	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		105090

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

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

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		259141
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		364231

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	215512	
(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)		215512
f Corrective distributions (see instructions)	2f		698
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)	8441	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8441
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		224651

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		139580
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MCGLADREY & PULLEN LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?	X		3939
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>SANLO MANUFACTURING COMPANY, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SANLO MANUFACTURING COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>30-0257208</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>26-0010549</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>16</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Sanlo Manufacturing Company, Inc.

401(k) Profit Sharing Plan

Financial Report
12.31.2009

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McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report

To the Board of Directors
Sanlo Manufacturing Company, Inc. 401(k) Profit Sharing Plan
Michigan City, Indiana

We were engaged to audit the statements of net assets available for benefits of Sanlo Manufacturing Company, Inc. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year ended December 31, 2009. These financial statements and supplemental schedules 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 Counsel Trust Company d/b/a Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the investment information provided to the Plan Administrator as of and for the year ended December 31, 2009 and for the year ended December 31, 2008.

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

McGladrey & Pullen, LLP

South Bend, Indiana
October 7, 2010

Sanlo Manufacturing Company, Inc.
401(k) Profit Sharing Plan

Statements Of Net Assets Available For Benefits
December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair value	\$ 1,111,762	\$ 932,673
Cash	-	1,875
	<u>1,111,762</u>	<u>934,548</u>
Receivables, employer contributions	<u>16,093</u>	<u>57,902</u>
Total assets at fair value	1,127,855	992,450
Liabilities, excess contributions	<u>698</u>	<u>4,874</u>
Net assets available for benefits	<u>\$ 1,127,157</u>	<u>\$ 987,576</u>

See Notes to Financial Statements.

Sanlo Manufacturing Company, Inc.
401(k) Profit Sharing Plan

Statement Of Changes In Net Assets Available For Benefits
Year Ended December 31, 2009

Investment income:	
Net appreciation in fair value of investments	\$ 238,318
Interest and dividends	20,824
	<u>259,142</u>
Contributions:	
Employer	14,781
Participant	89,611
	<u>104,392</u>
Total additions	<u>363,534</u>
Deductions:	
Benefits paid	215,512
Administrative expenses	8,441
Total deductions	<u>223,953</u>
Net increase	139,581
Net assets available for benefits:	
Beginning of year	<u>987,576</u>
End of year	<u>\$ 1,127,157</u>

See Notes to Financial Statements.

Notes To Financial Statements

Note 1. Plan Description

The following description of the Sanlo Manufacturing Company, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering substantially all employees of Sanlo Manufacturing Co., Inc. (the "Company") that are not subject to a collective bargaining agreement or non resident alien. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Each year, participants may contribute a percentage of their annual pre-tax compensation, as defined by the Plan Agreement. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make a discretionary contribution representing an employer match of participant contributions and a profit sharing contribution to the Plan for participants employed on the last day of the Plan year end. For the plan year ended December 31, 2009, the Company elected to contribute a matching contribution equal to 25% of 6% of a participant's base compensation. No additional profit sharing contributions were made for 2009. Company contributions are allocated in a manner similar to participant contributions. Contributions are subject to certain limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution and (b) Plan earnings and charged an allocation of certain administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting:

Participants are immediately vested in their voluntary contributions and employer profit sharing contributions plus actual earnings thereon. Vesting in the employer matching contributions is based on years of continuous vesting service, as defined by the Plan Agreement. A participant is 100% vested in the employer matching contributions after four years of credited service.

Notes To Financial Statements

Payment of benefits:

Upon termination of employment for any reason including retirement, the participant or the decedent's beneficiary may elect to receive a lump-sum amount equal to the vested value of his or her account. Upon termination of employment due to death, 100% of the employee's vested account balance will be used to provide the beneficiary with a death benefit. In addition, participants may make withdrawals upon reaching a normal retirement age of 65, an early retirement age of 59.5 (if 100% vested), or by determination that a financial hardship, as defined by the Plan Agreement, has been incurred. Benefit payments are recorded when paid.

Forfeited accounts:

Forfeitures of the employer's contributions will be used to reduce employer matching contributions or to pay administrative expenses of the Plan. At December 31, 2009 and 2008, the available forfeited non-vested accounts were insignificant.

Administration of Plan assets:

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain administrative expenses are paid by the Plan sponsor.

Note 2. Significant Accounting Policies

Basis of accounting:

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition:

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

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

Notes To Financial Statements

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and those changes could materially affect the amounts reported in the statement of net assets available for benefits.

Fair value measurements:

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Shares of registered investment companies: Valued at the closing price reported on the active market on which the individual securities are traded.

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

Subsequent events:

The Company has evaluated subsequent events for potential recognition and/or disclosure through October 7, 2010, the date the financial statements were available to be issued.

Notes To Financial Statements

On April 28, 2010, management of the Plan agreed to merge the Plan into that of the Company's parent plan effective April 30, 2010. Transfers pursuant to this merger were transferred to the Actuant Corporation 401(k) Plan, a defined contribution plan sponsored by Actuant Corporation.

Note 3. Investments and Information Certified by Counsel Trust Company d/b/a Mid Atlantic Trust Company ("Mid Atlantic")

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Mid Atlantic, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedules.

The following table presents those investments at December 31, 2009 and 2008 as certified by Mid Atlantic. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2009	2008
Investments at fair value:		
Registered Investments Companies:		
AdvisorOne Amerigo Fund Class N	\$ 121,085	\$ 86,710
American Funds American Balanced Fund Class R3	91,092	67,926
American Funds Bond Fund of America Fund Class R3	70,235	72,183
American Funds Money Market Fund Class R3	103,961	-
American Funds Capital World Growth and Income Fund Class R3	82,041	68,800
Cash Management Trust America Fund Class R3	-	172,096
American Funds EuroPacific Growth Fund Class R3	97,240	78,009
American Funds Investment Company of America Fund Class R3	74,074	54,727
American Funds Washington Mutual Investors Fund Class R3	70,994	67,560
American Funds SMALLCAP World Fund Class R3	65,968	*
Other	401,040	264,662
	<u>\$ 1,111,762</u>	<u>\$ 932,673</u>

* Fund represents less than 5% of total net assets for the year.

Mid Atlantic also certified to the completeness and accuracy of \$238,318 of net appreciation in fair value of investments related to registered investment companies and \$20,834 of interest and dividends for the year ended December 31, 2009.

Notes To Financial Statements

Note 4. Fair Value Measurements

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

	2009			
	Level 1	Level 2	Level 3	Total
Diversified Emerging Markets	\$ 10,604	\$ -	\$ -	\$ 10,604
Large Blend	204,127	-	-	204,127
Moderate Allocation	214,091	-	-	214,091
High Yield Bond	4,884	-	-	4,884
Money Market	103,961	-	-	103,961
Large Value	93,525	-	-	93,525
Intermediate - Term Bond	72,687	-	-	72,687
World Bond	199	-	-	199
World Stock	158,660	-	-	158,660
Large Growth	69,769	-	-	69,769
Foreign Large Blend	97,240	-	-	97,240
Mid-Cap Value	1,753	-	-	1,753
Multisector Bond	7,062	-	-	7,062
Conservative Allocation	55,807	-	-	55,807
Real Estate	12,843	-	-	12,843
Mid-Cap Growth	4,550	-	-	4,550
	<u>\$ 1,111,762</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,111,762</u>
	2008			
	Level 1	Level 2	Level 3	Total
Diversified Emerging Markets	\$ 5,731	\$ -	\$ -	\$ 5,731
Large Blend	146,393	-	-	146,393
Moderate Allocation	149,055	-	-	149,055
High Yield Bond	3,501	-	-	3,501
Money Market	172,096	-	-	172,096
Large Value	81,128	-	-	81,128
Intermediate - Term Bond	74,942	-	-	74,942
World Bond	233	-	-	233
World Stock	111,921	-	-	111,921
Large Growth	55,471	-	-	55,471
Foreign Large Blend	78,009	-	-	78,009
Mid-Cap Value	1,181	-	-	1,181
Multisector Bond	5,541	-	-	5,541
Conservative Allocation	37,564	-	-	37,564
Real Estate	7,396	-	-	7,396
Mid-Cap Growth	2,511	-	-	2,511
	<u>\$ 932,673</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 932,673</u>

Notes To Financial Statements

Note 5. Party-In-Interest Transactions

Certain Plan investments are managed by Mid Atlantic. Mid Atlantic provided investment services, and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan to Mid Atlantic amount to approximately \$8,400 for the year ended December 31, 2009.

Note 6. Income Tax Status and Uncertain Tax Positions

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated April 8, 2003, stating that the Plan is qualified under section 401(a) of the Internal Revenue Code ("Code") and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Subsequent to this determination by the IRS, the Plan was amended. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. The Plan's administrator has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements.

Sanlo Manufacturing Company, Inc.
401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held At End Of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Aberdeen Developing Markets Fund Class A	Registered Investment Company	N/A	\$ 7,435
	AdvisorOne Amerigo Fund Class N	Registered Investment Company	N/A	121,085
	AdvisorOne Clermont Fund Class N	Registered Investment Company	N/A	43,944
	American Funds American Balanced Fund Class R3	Registered Investment Company	N/A	91,092
	American Funds American High Income Trust Fund Class R4	Registered Investment Company	N/A	4,884
	American Funds Money Market Fund Class R3	Registered Investment Company	N/A	103,961
	American Funds American Mutual Fund Class R3	Registered Investment Company	N/A	22,531
	American Funds Bond Fund of America Fund Class R3	Registered Investment Company	N/A	70,235
	American Funds Capital World Bond Fund Class R4	Registered Investment Company	N/A	199
	American Funds Capital World Growth and Income Fund Class R4	Registered Investment Company	N/A	8,233
	American Funds Capital World Growth and Income Fund Class R3	Registered Investment Company	N/A	82,041
	Columbia Marsico 21st Century Fund Class A	Registered Investment Company	N/A	2,929
	American Funds EuroPacific Growth Fund Class R3	Registered Investment Company	N/A	97,240
	American Funds Fundamental Investors Fund Class R4	Registered Investment Company	N/A	3,970
	American Funds Grth Fund of America Fund Class R4	Registered Investment Company	N/A	4,223
	American Funds Grth Fund of America Fund Class R3	Registered Investment Company	N/A	20,205
	Hartford Capital Appreciation Fund Class A	Registered Investment Company	N/A	4,998
	American Funds Investment Company of America Fund Class R3	Registered Investment Company	N/A	74,074
	Lazard US Mid Cap Equity Fund Class Institutional	Registered Investment Company	N/A	1,753
	Loomis Sayles Strategic Income Fund Class A	Registered Investment Company	N/A	7,062
	American Funds New Economy Fund Class R3	Registered Investment Company	N/A	42,412
	American Funds New Perspective Fund Class R3	Registered Investment Company	N/A	2,418
	American Funds New World Fund Class R4	Registered Investment Company	N/A	3,169
	PIMCO Total Return Fund Class A	Registered Investment Company	N/A	2,452
	Russell LifePoints Conservative Strategy Fund Class C	Registered Investment Company	N/A	29,857
	Russell LifePoints Moderate Strategy Fund Class C	Registered Investment Company	N/A	25,950
	Russell Lifepoints Balanced Strategy Fund Class C	Registered Investment Company	N/A	46,499
	Russell LifePoints Growth Strategy Fund Class C	Registered Investment Company	N/A	32,556
	Russell Real Estate Securities Fund Class C	Registered Investment Company	N/A	12,843
	American Funds SMALLCAP World Fund Class R3	Registered Investment Company	N/A	65,968
	Turner Midcap Growth Fund Class Investor	Registered Investment Company	N/A	4,550
	American Funds Washington Mutual Investors Fund Class R3	Registered Investment Company	N/A	70,994
				<u>\$ 1,111,762</u>

N/A - Assets are participant directed; therefore, cost is not applicable.

Sanlo Manufacturing Company, Inc.
401(k) Profit Sharing Plan

Schedule H, Line 4j - Schedule Of Reportable Transactions
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transactions representing 5% or more of net assets available for plan benefits at beginning of year:								
American Funds Money Market Fund Class R3	Registered Invetsment Company	\$ 181,039	\$ -	N/A	\$ -	\$ 181,039	\$ 181,039	\$ -
Cash Management Trust America Fund Class R3	Registered Invetsment Company	\$ -	\$ 181,039	N/A	\$ -	\$ 181,039	\$ 181,039	\$ -

Sanlo Manufacturing Company, Inc.
401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held At End Of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Aberdeen Developing Markets Fund Class A	Registered Investment Company	N/A	\$ 7,435
	AdvisorOne Amerigo Fund Class N	Registered Investment Company	N/A	121,085
	AdvisorOne Clermont Fund Class N	Registered Investment Company	N/A	43,944
	American Funds American Balanced Fund Class R3	Registered Investment Company	N/A	91,092
	American Funds American High Income Trust Fund Class R4	Registered Investment Company	N/A	4,884
	American Funds Money Market Fund Class R3	Registered Investment Company	N/A	103,961
	American Funds American Mutual Fund Class R3	Registered Investment Company	N/A	22,531
	American Funds Bond Fund of America Fund Class R3	Registered Investment Company	N/A	70,235
	American Funds Capital World Bond Fund Class R4	Registered Investment Company	N/A	199
	American Funds Capital World Growth and Income Fund Class R4	Registered Investment Company	N/A	8,233
	American Funds Capital World Growth and Income Fund Class R3	Registered Investment Company	N/A	82,041
	Columbia Marsico 21st Century Fund Class A	Registered Investment Company	N/A	2,929
	American Funds EuroPacific Growth Fund Class R3	Registered Investment Company	N/A	97,240
	American Funds Fundamental Investors Fund Class R4	Registered Investment Company	N/A	3,970
	American Funds Grth Fund of America Fund Class R4	Registered Investment Company	N/A	4,223
	American Funds Grth Fund of America Fund Class R3	Registered Investment Company	N/A	20,205
	Hartford Capital Appreciation Fund Class A	Registered Investment Company	N/A	4,998
	American Funds Investment Company of America Fund Class R3	Registered Investment Company	N/A	74,074
	Lazard US Mid Cap Equity Fund Class Institutional	Registered Investment Company	N/A	1,753
	Loomis Sayles Strategic Income Fund Class A	Registered Investment Company	N/A	7,062
	American Funds New Economy Fund Class R3	Registered Investment Company	N/A	42,412
	American Funds New Perspective Fund Class R3	Registered Investment Company	N/A	2,418
	American Funds New World Fund Class R4	Registered Investment Company	N/A	3,169
	PIMCO Total Return Fund Class A	Registered Investment Company	N/A	2,452
	Russell LifePoints Conservative Strategy Fund Class C	Registered Investment Company	N/A	29,857
	Russell LifePoints Moderate Strategy Fund Class C	Registered Investment Company	N/A	25,950
	Russell Lifepoints Balanced Strategy Fund Class C	Registered Investment Company	N/A	46,499
	Russell LifePoints Growth Strategy Fund Class C	Registered Investment Company	N/A	32,556
	Russell Real Estate Securities Fund Class C	Registered Investment Company	N/A	12,843
	American Funds SMALLCAP World Fund Class R3	Registered Investment Company	N/A	65,968
	Turner Midcap Growth Fund Class Investor	Registered Investment Company	N/A	4,550
	American Funds Washington Mutual Investors Fund Class R3	Registered Investment Company	N/A	70,994
				<u>\$ 1,111,762</u>

N/A - Assets are participant directed; therefore, cost is not applicable.

Sanlo Manufacturing Company, Inc.
401(k) Profit Sharing Plan

Schedule H, Line 4j - Schedule Of Reportable Transactions
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transactions representing 5% or more of net assets available for plan benefits at beginning of year:								
American Funds Money Market Fund Class R3	Registered Invetsment Company	\$ 181,039	\$ -	N/A	\$ -	\$ 181,039	\$ 181,039	\$ -
Cash Management Trust America Fund Class R3	Registered Invetsment Company	\$ -	\$ 181,039	N/A	\$ -	\$ 181,039	\$ 181,039	\$ -