

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b> Name of plan DEAN DORTON & FORD PSC PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan 01/04/1982
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DEAN DORTON & FORD PSC  106 WEST VINE STREET LEXINGTON, KY 40507-1679  SUITE 600 LEXINGTON, KY 40507-1679	<b>2b</b> Employer Identification Number (EIN) 61-0997813 <b>2c</b> Sponsor's telephone number 859-255-2341 <b>2d</b> Business code (see instructions) 541211

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2010	RICHARD O. DORTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2010	RICHARD O. DORTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") DEAN DORTON & FORD PSC  106 WEST VINE STREET LEXINGTON, KY 40507-1679	<b>3b</b> Administrator's EIN 61-0997813  <b>3c</b> Administrator's telephone number 859-255-2341
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<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	140
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	119
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	29
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	148
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	148
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	132
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	7
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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 2R 2T

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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<div>SCHEDULE A (Form 5500) <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>	<div>Insurance 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> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan DEAN DORTON & FORD PSC PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. DEAN DORTON & FORD PSC	D Employer Identification Number (EIN) 61-0997813	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:
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(a) Name of insurance carrier NORTHWESTERN MUTUAL
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0509570	67091	35876	1	12/01/2008	11/30/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	0

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ [SEE ATTACHED PREM. RATES STATEMENT](#)**b** Premiums paid to carrier ..... **6b** 9903**c** Premiums due but unpaid at the end of the year ..... **6c** 0**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b**

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
(2) Dividends and credits .....	<b>7c(2)</b>	
(3) Interest credited during the year .....	<b>7c(3)</b>	
(4) Transferred from separate account .....	<b>7c(4)</b>	
(5) Other (specify below) .....	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)****d** Total of balance and additions (add **b** and **c(6)**). .... **7d**

<b>e</b> Deductions:	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
(2) Administration charge made by carrier .....	<b>7e(2)</b>
(3) Transferred to separate account .....	<b>7e(3)</b>
(4) Other (specify below) .....	<b>7e(4)</b>

(5) Total deductions ..... **7e(5)****f** Balance at the end of the current year (subtract **e(5)** from **d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2009</b>
		<b>This Form is Open to Public Inspection.</b>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<b>A</b> Name of plan DEAN DORTON & FORD PSC PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 DEAN DORTON & FORD PSC	<b>D</b> Employer Identification Number (EIN) 61-0997813	

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
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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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BANK OF AMERICA, N.A.
94-1687665

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



**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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
15 18 51 52 56 57 59 60 62 63 71 72	RECORDKEEPER	34952	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

**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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:



**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**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2009 or fiscal plan year beginning <span style="color: blue;">01/01/2009</span> and ending <span style="color: blue;">12/31/2009</span>		
<b>A</b> Name of plan <span style="color: blue;">DEAN DORTON &amp; FORD PSC PROFIT SHARING AND EMPLOYEE SAVINGS PLAN</span>	<b>B</b> Three-digit plan number (PN) ►	<span style="color: blue;">001</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">DEAN DORTON &amp; FORD PSC</span>	<b>D</b> Employer Identification Number (EIN)  <span style="color: blue;">61-0997813</span>	

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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions .....	<b>1b(1)</b>	0	
(2) Participant contributions .....	<b>1b(2)</b>	14804	
(3) Other.....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	13	63
(2) U.S. Government securities.....	<b>1c(2)</b>	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred .....	<b>1c(3)(A)</b>	0	0
(B) All other.....	<b>1c(3)(B)</b>	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred .....	<b>1c(4)(A)</b>	0	0
(B) Common .....	<b>1c(4)(B)</b>	0	0
(5) Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
(6) Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
(7) Loans (other than to participants) .....	<b>1c(7)</b>	0	0
(8) Participant loans .....	<b>1c(8)</b>	58753	91810
(9) Value of interest in common/collective trusts.....	<b>1c(9)</b>	274306	403284
(10) Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
(12) Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	4275457	5602233
(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
(15) Other .....	<b>1c(15)</b>	3684547	4508841

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>	0	0
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	8307880	10606231

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	8307880	10606231
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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: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	426183	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	548151	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	20034	
(2) Noncash contributions .....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		994368

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

<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	4224	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		4224

(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	104608	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		104608

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

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>	0	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		19535
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		1036028
<b>c</b> Other income.....	<b>2c</b>		744460
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2903223

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	561964	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		561964
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		0
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	42908	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		42908
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		604872

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2298351
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: BROWN, EDWARDS & COMPANY, LLP

(2) EIN: 54-0504608

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		100000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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)

<div>SCHEDULE R (Form 5500) <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>		<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan DEAN DORTON & FORD PSC PROFIT SHARING AND EMPLOYEE SAVINGS PLAN				B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 DEAN DORTON & FORD PSC				D Employer Identification Number (EIN) 61-0997813	
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): 13-3180817					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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): \_\_\_\_\_

**INDEPENDENT AUDITOR'S REPORT**

To the Retirement Plan Advisory Committee of  
Dean, Dorton & Ford, P.S.C.  
Profit Sharing and Employee Savings Plan  
Lexington, Kentucky

We have audited the accompanying statement of net assets available for benefits of the Dean, Dorton & Ford, P.S.C. Profit Sharing and Employee Savings Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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

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

*Brown, Edwards & Company, L.L.P.*

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia  
October 2, 2010

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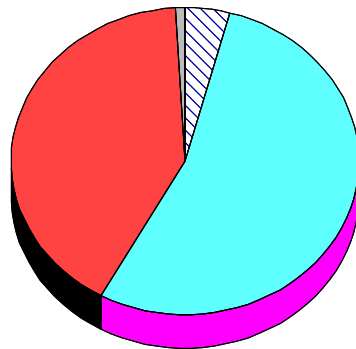
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STATEMENT OF ASSETS  
FOR THE PERIOD 01/01/2009 - 12/31/2009

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN  
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



4.16% COMMON / COLLECTIVE TRUSTS	53.88% MUTUAL FUNDS
41.08% OTHER ASSETS	0.88% LOANS
0.00% PENDING SETTLEMENT FUNDS	0.00% ACCRUED INCOME
0.00% CASH	

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML RET PRESERVATION TRUST	322,183.9700	1.000	322,183.97	322,183.97	3.10%
ML RET PRES TRUST GM	110,524.5200	1.000	110,524.52	110,524.52	1.06%
TOTAL COMMON / COLLECTIVE TRUSTS			432,708.49	432,708.49	4.16%
<u>MUTUAL FUNDS</u>					
ALGER SMALL CAP INSTL PORT	24,796.0669	22.160	581,949.65	549,480.84	5.28%
ALGER SM CAP INSTL PORT GM	9,522.4186	22.160	205,961.48	211,016.80	2.03%
COLUMBIA MARSICO INTL OPP A	41,106.1481	10.530	551,350.42	432,847.74	4.16%
COLUMBIA MARSICO INTL OPP A GM	13,931.4876	10.530	165,330.39	146,698.56	1.41%
AMERICAN GROWTH FD OF AMER R3	21,989.3471	26.930	648,351.30	592,173.12	5.70%
AMERICAN GRTH FD OF AMER R3 GM	13,065.5387	26.930	370,743.50	351,854.96	3.38%

Balances include the effect of pending trades

STATEMENT OF ASSETS  
FOR THE PERIOD 01/01/2009 - 12/31/2009

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN  
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
DWS DREMAN SMALL CAP VALUE A	890.0625	31.030	26,683.88	27,618.64	0.27%
DWS DREMAN SMALL CAP VALUE GM	6,855.7249	31.030	211,780.02	212,733.14	2.05%
MFS INTERNATIONAL VALUE FD A	2,109.3966	22.790	43,822.84	48,073.15	0.46%
MFS INTERNATIONAL VAL FD A GM	9,844.5511	22.790	190,841.00	224,357.32	2.16%
PIMCO TOTAL RETURN FUND CL A	45,779.2143	10.800	479,304.67	494,415.51	4.76%
PIMCO TOT RET FD CL A GM	45,657.7822	10.800	481,315.58	493,104.05	4.74%
BLACKROCK S&P500 INDEX I	98,406.0276	13.630	1,629,873.34	1,341,274.16	12.90%
EATON VANCE LG-CAP VALUE FD A	1,840.0164	16.740	30,067.20	30,801.87	0.30%
EATON VANCE LG-CAP VAL FD A GM	26,629.8338	16.740	484,891.58	445,783.42	4.29%
TOTAL MUTUAL FUNDS			6,102,266.85	5,602,233.28	53.88%
<u>OTHER ASSETS</u>					
SELF-DIRECT ACCT	3,572,844.8793	1.000	3,572,844.88	3,572,844.88	34.36%
SELF-DIRECT ACCT	698,055.4202	1.000	698,055.42	698,055.42	6.71%
TOTAL OTHER ASSETS			4,270,900.30	4,270,900.30	41.08%
<u>LOANS</u>					
LOAN FUND	91,809.8800	1.000	91,809.88	91,809.88	0.88%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	25.0000	1.000	25.00	25.00	0.00%
INVESTMENT TOTAL			10,897,710.52	10,397,676.95	100.00%
UNINVESTED CASH			0.00	0.00	0.00%

Balances include the effect of pending trades



**STATEMENT OF ASSETS**  
FOR THE PERIOD 01/01/2009 - 12/31/2009

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN  
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
ACCRUED INCOME			13.62	13.62	0.00%
CASH			24.06	24.06	0.00%
TOTAL ASSETS			10,897,748.20	10,397,714.63	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades

**DEAN, DORTON & FORD, P.S.C. PROFIT  
SHARING AND EMPLOYEE SAVINGS PLAN  
Financial Statements and Supplemental Schedule**

*As of December 31, 2009 and 2008 and  
Year Ended December 31, 2009  
with Independent Auditor's Report Thereon*

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**INDEPENDENT AUDITOR'S REPORT**

To the Retirement Plan Advisory Committee of  
Dean, Dorton & Ford, P.S.C.  
Profit Sharing and Employee Savings Plan  
Lexington, Kentucky

We have audited the accompanying statement of net assets available for benefits of the Dean, Dorton & Ford, P.S.C. Profit Sharing and Employee Savings Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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

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

*Brown, Edwards & Company, L.L.P.*

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia  
October 2, 2010

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**DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN**

Statement of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<b>Assets</b>		
Investments	\$ 10,276,412	\$ 8,016,470
Loans to participants	91,810	58,753
Receivables:		
Participants	-	14,804
Employer	274,655	411,885
Receivable from sale of investments	55	1,186
Accrued income	<u>14</u>	<u>13</u>
Total assets	<b>10,642,946</b>	8,503,111
<b>Liabilities</b>		
Participant fees payable	<u>1,745</u>	<u>1,307</u>
Net assets, reflecting all investments at fair value	<b>10,641,201</b>	8,501,804
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>29,424</u>	<u>44,283</u>
Net assets available for benefits	<b>\$ <u>10,670,625</u></b>	<b>\$ <u>8,546,087</u></b>

*See accompanying notes.*

**DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN**

**Statement of Changes in Net Assets Available for Benefits**

**Year ended December 31, 2009**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,681,147
Interest and dividends	<u>194,114</u>

Total investment income 1,875,261

Contributions:

Participants	548,151
Employer	274,655
Rollover	<u>20,034</u>

Total contributions 842,840

Total additions 2,718,101

Deductions from net assets attributed to:

Benefits paid to participants	561,264
Participant fees	22,396
Insurance premiums paid	<u>9,903</u>

Total deductions 593,563

Net increase 2,124,538

Net assets available for benefits:

Beginning of year 8,546,087

End of year \$ 10,670,625

*See accompanying notes.*



## DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

### Notes to the Financial Statements

#### 1. Description of Plan

The following description of the Dean, Dorton & Ford, P.S.C. Profit Sharing and Employee Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

##### General

The Plan is a profit sharing plan covering substantially all employees of Dean, Dorton & Ford, P.S.C. (the Plan Sponsor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as well as applicable sections of the Internal Revenue Code (IRC).

##### Eligibility

Effective January 1, 2009, participants may begin making elective deferral contributions to the Plan immediately upon employment. Prior to January 1, 2009, participants could begin making elective deferral contributions to the Plan on the first day of the month following the completion of three (3) months of service. Participants become eligible to participate in the Plan for all other purposes after one (1) year of service and attainment of age twenty-one (21). The Plan entry dates for all other purposes are January 1 or July 1 following the satisfaction of the eligibility requirements.

##### Contributions

The Plan is funded with participant pre-tax and Roth elective deferrals and, at the discretion of the Plan Sponsor, matching contributions, qualified nonelective contributions and employer's discretionary nonelective contributions. Participants may contribute an amount up to the overall annual limit set by law. The Plan also permits participants to rollover contributions from other qualified plans.

##### Participant Accounts

Each participant's account is credited with their elective deferrals, their proportionate share of the Plan Sponsor's contributions and an allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined each year by the Plan Sponsor. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### Vesting

Participants are 100% vested in that portion of their accounts attributable to elective deferrals and rollover contributions. The portion of participant balances related to Plan Sponsor contributions are subject to a graded vesting schedule ranging from twenty percent (20%) upon completion of two years of service to one hundred percent (100%) upon completion of at least six years of service. The Plan provides for 100% vesting for any participant whose termination is attributable to death, normal retirement, or permanent disability.

## DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

### Notes to the Financial Statements, continued

#### 1. Description of Plan, continued

##### Investment Options

The Plan's trustees are the named fiduciaries for purposes of ERISA and have the general authority to direct the investment, reinvestment and disposition of Plan assets. Subject to the authority of the trustees, individual participants of the Plan may elect to self-direct his or her plan accounts outside the investment funds offered by the Plan in publicly-traded securities or other investments and held within the Plan's trust through Merrill Lynch Bank & Trust Co., FSB (Merrill Lynch), Plan custodian. The trustees have given the Retirement Plan Advisory Committee the authority to oversee the investment options and make changes to the investment menu as deemed necessary.

Periodic transfers among funds of certain accumulated account balances and changes in the direction of future participant and employer contributions is permitted.

Prior to January 1, 2007, participants were given the option to invest a portion of their contribution in individual life insurance policies. These are considered allocated insurance contracts and are therefore not included in plan assets. The cash surrender value of these policies as of December 31, 2009 and 2008 was \$237,941 and \$216,655, respectively.

##### Payment of Benefits

On termination of service, participants may elect to receive a lump-sum amount equal to the value of their vested account balance or rollover their vested balance into a qualified plan or individual retirement account.

##### Forfeited Accounts

Forfeited balances of terminated participants' nonvested accounts are used to reduce future Plan Sponsor contributions. As of December 31, 2009 and 2008, there were \$1,719 and \$14,299, respectively, in unallocated forfeitures. Forfeited nonvested accounts were used to reduce employer contribution deposits made during 2009 by \$14,299.

##### Loans to Participants

A participant may borrow up to 50% of his or her vested account balance, up to \$50,000, with a minimum loan of \$1,000. Other than loans used to acquire a principal residence of the borrower, participants have up to five years to repay the loan. The loans are collateralized by the balance in the participant's account and bear market rates of interest. Generally, the rates are fixed and based upon published prime rates plus 1% (ranging from 4.25% to 9.25% as of December 31, 2009). Principal and interest are paid ratably through payroll deductions.

## DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

### Notes to the Financial Statements, continued

#### 1. Description of Plan, continued

##### Participant Fees, Administrative and Investment Expenses

The Plan Sponsor has elected to pay certain administrative expenses of the Plan. The Plan Sponsor is not obligated to pay administrative expenses of the Plan. Administrative expenses are exclusive of investment expenses. The investment expenses are charged to each mutual fund and are netted against the fund's net appreciation. Any management expenses related to self-directed accounts are the participant's responsibility and paid from the participant's account.

#### 2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which require management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

In June 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standards No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles* (SFAS No. 168). SFAS No. 168 establishes the FASB Accounting Standards Codification (ASC) as the only source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with GAAP. The Plan adopted the provisions of SFAS No. 168 beginning with the year ending December 31, 2009, and the adoption did not have a material impact on the financial statement disclosures.

The following is a summary of the significant accounting policies based on the FASB ASC and consistently followed by the Plan in the preparation of its financial statements:

##### Investment Valuation and Income Recognition

Investments are recorded at fair value, which are quoted market prices that represent the net asset value of shares held by the Plan at year-end. 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.

Investment contracts held by a defined contribution plan are required by GAAP to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by GAAP, the Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

## DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

### Notes to the Financial Statements, continued

#### 2. Summary of Significant Accounting Policies, continued

##### Payment of Benefits

Benefits are recorded when paid.

##### Risk and Uncertainties

The Plan provides for participant directed investment options which include several mutual funds. Investment securities are exposed to various risks such as interest rate, market and credit risk. The Plan does not obtain collateral or other security to support those funds. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risk in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

#### 3. Investments

The Plan's investments are held by Merrill Lynch as of December 31, 2009 and 2008. The following table presents investments that represent 5% or more of the Plan's ending net assets as of December 31:

	<u>2009</u>	<u>2008</u>
BlackRock S&P 500 Index I	\$ 1,341,274	\$ 1,067,734
PIMCO Total Return Fund	987,520	809,374
American Funds Growth Fund of America	944,028	718,175
Alger Small Cap Institutional Portfolio	760,498	543,882
Columbia Marsico International Opportunities	579,546	460,916
CMA Money Fund	319,647 *	576,154

\* Investment did not represent more than 5% of the Plan's net assets as of the end of the Plan year ending December 31, 2009.

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Mutual funds	\$ 1,036,028
Common stocks	<u>645,119</u>
	<u>\$ 1,681,147</u>

## DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

### Notes to the Financial Statements, continued

#### 4. Investment Contracts

The Merrill Lynch Retirement Preservation Trust (the Trust), an investment option provided by the Plan, has entered into fully benefit-responsive guaranteed investment contracts (GICs) to provide preservation of principal, maintain a stable interest rate, and provide daily liquidity at contract value for participant withdrawals and transfers in accordance with the provisions of the Plan.

The Trust enters into synthetic GIC arrangements, which are investment contracts that simulate the performance of traditional GICs through the use of financial instruments. The synthetic GICs are comprised of interests in commingled trusts or individual fixed income securities that are held in trust. The Trust then enters into a benefit-responsive “wrapper” contract with a third party such as a financial institution or an insurance company which guarantees the Trust a specific value and rate of return for the commingled trust security or securities held in trust.

The wrapper contract amortizes the realized and unrealized gains and losses on the underlying fixed income investments, typically over the duration of the investments; through adjustments to the future interest crediting rate (which is the rate earned by participants for the underlying investments). The issuer of the wrapper contract provides assurance that the adjustments to the interest crediting rate do not result in a future interest crediting rate that is less than zero. An interest crediting rate less than zero would result in loss of principal or accrued interest.

The key factors that influence future interest crediting rates for a wrapper contract include: the level of market interest rates, the amount and timing of participant contributions, transfers, and withdrawals into/out of the wrapper contract, the investment returns generated by the fixed income investments that back the wrapper contract, and the duration of the underlying investments backing the wrapper contract.

Wrapper contracts’ interest crediting rates are typically reset on a monthly or quarterly basis. While there may be slight variations from one contract to another, most wrapper contracts use a formula for the crediting interest rate that is based on the characteristics of the underlying fixed income portfolio. Over time, the crediting rate formula amortizes the GICs realized and unrealized market value gains and losses over the duration of the underlying investments.

Because changes in market interest rates affect the yield to maturity and the market value of the underlying investments, they can have a material impact on the wrapper contract’s interest crediting rate. In addition, participant withdrawals and transfers from the Plan are paid at contract value but funded through the market value liquidation of the underlying investments, which also impacts the interest crediting rate. The resulting gains and losses in the market value of the underlying investments relative to the wrapper contract value are represented on the Plan’s Statements of Net Assets Available for Benefits as the “Adjustment from Fair Value to Contract Value.” If the Adjustment from Fair Value to Contract Value is positive for a given contract, this indicates that the wrapper contract value is greater than the market value of the underlying investments. The embedded market value losses will be amortized in the future through a lower interest crediting rate than would otherwise be the case, and if the Adjustment from Fair Value to Contract Value amount is negative, this indicates that the wrapper contract value is less than the market value of the underlying investments. The

## DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

### Notes to the Financial Statements, continued

#### 4. Investment Contracts, continued

amortization of the embedded market value gains will cause the future interest crediting rate to be higher than it otherwise would have been.

All wrapper contracts provide for a minimum interest crediting rate of zero percent. In the event that the interest crediting rate should fall to zero and the requirements of the wrapper contract are satisfied, the wrapper issuers will pay to the Plan the shortfall needed to maintain the interest crediting rate at zero. In certain circumstances, the amount withdrawn from the wrapper contract would be payable at fair value rather than at contract value. These events include termination of the Plan, a material adverse change to the provisions of the Plan, if the employer elects to withdraw from a wrapper contract in order to switch to a different investment provider, or if the terms of a successor plan (in the event of the spin-off or sale of a division) do not meet the wrapper contract issuer's underwriting criteria for issuance of a clone wrapper contract. The events described above that could result in the payment of benefits at market value rather than contract value are not probable of occurring in the foreseeable future.

Examples of events that would permit a wrapper contract issuer to terminate a wrapper contract upon short notice include the Plan's loss of its qualified status or material and adverse changes to the provisions of the Plan. If one of these events was to occur, the wrapper contract issuer could terminate the wrapper contract at the market value of the underlying investments (or in the case of a traditional GIC, at the hypothetical market value based upon a contracted formula).

The interest crediting rates for the synthetic GICs were 2.35% and 4.28% as of December 31, 2009 and 2008, respectively. The average annual yields for the synthetic GICs were 2.57% and 4.10% as of December 31, 2009 and 2008, respectively.

#### 5. Fair Value Measurements

The Plan has determined the fair value of certain assets and liabilities through application of FASB ASC Topic 820, *Fair Value Measurements and Disclosures*. Financial assets and liabilities valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets and liabilities valued using Level 2 inputs are based primarily on quoted prices for similar assets or liabilities in active or inactive markets. Financial assets and liabilities using Level 3 inputs were primarily valued using management's assumptions about the assumptions market participants would utilize in pricing the asset or liability.

# DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

## Notes to the Financial Statements, continued

### 5. Fair Value Measurements, continued

The Plan's investments are classified within the hierarchy as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>December 31, 2009</u>				
Mutual funds	\$ 5,606,016	\$ 5,606,016	\$ -	\$ -
Common stocks	3,642,180	3,642,180	-	-
Common collective trust	403,333	-	403,333	-
Money market funds	324,964	-	324,964	-
U.S. government securities	299,919	299,919	-	-
Participant loans	<u>91,810</u>	<u>-</u>	<u>-</u>	<u>91,810</u>
Total assets	<u>\$ 10,368,222</u>	<u>\$ 9,548,115</u>	<u>\$ 728,297</u>	<u>\$ 91,810</u>
<u>December 31, 2008</u>				
Mutual funds	\$ 4,275,458	\$ 4,275,458	\$ -	\$ -
Common stocks	2,885,218	2,885,218	-	-
Common collective trust	274,306	-	274,306	-
Money market funds	581,488	-	581,488	-
Participant loans	<u>58,753</u>	<u>-</u>	<u>-</u>	<u>58,753</u>
Total assets	<u>\$ 8,075,223</u>	<u>\$ 7,160,676</u>	<u>\$ 855,794</u>	<u>\$ 58,753</u>

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

*Mutual funds and common stocks:* Valued at the net asset value (NAV) of shares held by the Plan at year end.

*Common collective trust:* Valued at the net asset value per unit held by the Plan at year end as quoted by the funds.

*Money market funds:* Valued at cost, which approximates fair value.

*U.S. government securities:* Valued at the closing price reported on the active market on which the individual securities are traded.

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

## DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

### Notes to the Financial Statements, continued

#### 5. Fair Value Measurements, continued

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.

The following table provides a summary of changes in fair value of the Plan's Level 3 assets held as of December 31, 2009:

	Participant Loans
December 31, 2007	\$ 81,805
Payments	(31,734)
Distributions	(46,907)
Issuance	<u>55,589</u>
December 31, 2008	58,753
Payments	(30,659)
Issuance	<u>63,716</u>
December 31, 2009	<u>\$ 91,810</u>

#### 6. Income Tax Status of the Plan

The Plan uses a prototype plan document sponsored by Stoll Keenon Ogden PLLC. Stoll Keenon Ogden PLLC received an opinion letter from the Internal Revenue Service (IRS), dated March 31, 2008, which states that the prototype plan document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS.

The Plan has been amended to comply with current laws since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified as of the financial statement date and no provision for income tax has been included in the Plan's financial statements.

#### 7. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Merrill Lynch as of December 31, 2009 and 2008. Merrill Lynch is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.



## DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN

### Notes to the Financial Statements, continued

#### 8. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the rights of all affected participants to amounts contributed by them and the Plan Sponsor and related earnings thereon would become fully vested.

#### 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 10,670,625	\$ 8,546,087
Employer contributions receivable	(274,655)	(411,885)
Participant fees payable	1,745	1,307
Cash surrender value of life insurance policies	237,941	216,655
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(29,424)</u>	<u>(44,283)</u>
Net assets available for benefits per Form 5500	\$ <u>10,606,232</u>	\$ <u>8,307,881</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2009:

Change in net assets available for benefits per the financial statements	\$ 2,124,538
Decrease in employer contributions receivable	137,230
Increase in participant fees payable	438
Increase in cash surrender value of life insurance policies	21,286
Decrease in adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>14,859</u>
Change in net assets available for benefits per Form 5500	\$ <u>2,298,351</u>

#### 10. Subsequent Event

The Plan's management evaluated the period from December 31, 2009 to October 2, 2010 (date the financial statements were ready to be issued) for items requiring recognition or disclosure in the financial statements.

In April 2010, the loan policy was amended to allow terminated participants to continue making payments on outstanding loans directly to the Plan custodian so the loan would not automatically be considered a deemed distribution.

**DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN**

Notes to the Financial Statements, continued

**10. Subsequent Event, continued**

There were no other events occurring during the evaluation period that require recognition or disclosure in the financial statements.

**DEAN, DORTON & FORD, P.S.C. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN**

Form 5500, Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2009

Plan Sponsor: Dean Dorton & Ford, P.S.C.

Plan Sponsor's EIN: 61-0997813

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	BlackRock	S&P 500 Index I	**	\$ 1,341,274
	PIMCO	Total Return Fund	**	987,520
	American Funds	Growth Fund of America	**	944,028
	Alger	Small Cap Institutional Portfolio	**	760,498
	Columbia	Marsico International Opportunities	**	579,546
	Eaton Vance	Large Cap Value Fund	**	476,585
*	Merrill Lynch	Retirement Preservation Trust	**	403,333
	MFS	International Value	**	272,431
	DWS Investments	Dreman Small Cap Value	**	240,352
	See attached schedule for detail of self-directed accounts	Various	**	4,270,845
*	Participant loans	Interest at the prime rate plus 1%, ranging from 4.25% to 9.25%, maturing through September 2014	\$0	<u>91,810</u>
				<u>\$ 10,368,222</u>

\* *Party-in-interest to the Plan.*

\*\* *Cost information is not required by ERISA for participant directed investments.*

**STATEMENT OF ASSETS FOR  
SELF-DIRECT BROKERAGE ACCOUNT**  
FOR THE PERIOD 01/01/2009 - 12/31/2009

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN

Investment Category	Shares/ Units	Price/ NAV	Market Value	% Total Value
<b><u>U.S. GOVT SECURITY</u></b>				
U.S. TREASURY NOTE	300,000.0000	0.999700	299,919.00	7.02%
<b><u>MONEY MARKET</u></b>				
CMA MONEY FUND	319,647.0000	1.000000	319,647.00	7.48%
READY ASSETS PRIME MONEY	5,291.0000	1.000000	5,291.00	0.12%
<b>TOTAL MONEY MARKET</b>			<b>324,938.00</b>	<b>7.61%</b>
<b><u>COMMON STOCK</u></b>				
AFFILIATED MANAGERS GRP	140.0000	67.350000	9,428.99	2.43%
AFFILIATED MANAGERS GRP	1,404.0000	67.350000	94,559.41	2.43%
AGNICO EAGLE MINES LTD	39.0000	54.000000	2,106.00	0.05%
ANNALY CAP MGMT INC	3,372.0000	17.350000	58,504.19	2.34%
ANNALY CAP MGMT INC	2,378.0000	17.350000	41,258.31	2.34%
ALLEGHENY TECH INC	67.0000	44.770000	2,999.59	0.07%
AMER EXPRESS COMPANY	1,689.0000	40.520000	68,438.27	2.02%
AMER EXPRESS COMPANY	436.0000	40.520000	17,666.72	2.02%
AVON PROD INC	71.0000	31.500000	2,236.50	0.05%
BERKSHIRE HATHAWAY CLB	46.0000	3,286.000000	151,155.99	8.54%
BERKSHIRE HATHAWAY CLB	65.0000	3,286.000000	213,590.01	8.54%
BAXTER INTERNTL INC	55.0000	58.680000	3,227.40	0.08%
CANADIAN PACIFIC RAILWAY	69.0000	54.000000	3,726.00	0.09%

**STATEMENT OF ASSETS FOR  
SELF-DIRECT BROKERAGE ACCOUNT**

FOR THE PERIOD 01/01/2009 - 12/31/2009

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN

Investment Category	Shares/ Units	Price/ NAV	Market Value	% Total Value
COGNIZANT TECH SOLUTNS A	102.0000	45.330000	4,623.66	0.11%
CORRECTIONS CORP OF AMER	101.0000	24.550000	2,479.55	0.06%
COMPASS MINERALS INTL	29.0000	67.190000	1,948.51	0.05%
CATERPILLAR INC DEL	995.0000	56.990000	56,705.05	1.33%
CERNER CORP COM	32.0000	82.440000	2,638.08	0.06%
CHICOS FAS INC COM	122.0000	14.050000	1,714.10	0.04%
CHURCH&DWIGHT CO INC	28.0000	60.450000	1,692.60	0.04%
CISCO SYSTEMS INC COM	131.0000	23.940000	3,136.14	0.07%
CITY NATIONAL CORP	1,945.0000	45.600000	88,691.99	2.62%
CITY NATIONAL CORP	505.0000	45.600000	23,028.01	2.62%
COCA COLA COM	364.0000	57.000000	20,747.99	2.36%
COCA COLA COM	1,404.0000	57.000000	80,028.01	2.36%
CORNING INC	169.0000	19.310000	3,263.39	0.08%
DIGITAL RLTY TR INC	37.0000	50.280000	1,860.36	0.04%
DR REDDY'S LAB LTD ADR	86.0000	24.210000	2,082.06	0.05%
DOUGLAS EMMETT INC	7,950.0000	14.250000	113,287.50	2.65%
DISCOVERY COMMUNICATN	71.0000	30.670000	2,177.57	0.05%
DOW CHEMICAL CO	176.0000	27.630000	4,862.88	0.11%
EASTMAN CHEMICAL CO COM	76.0000	60.240000	4,578.24	0.11%
EXXON MOBIL CORP COM	860.0000	68.190000	58,643.40	1.37%

**STATEMENT OF ASSETS FOR  
SELF-DIRECT BROKERAGE ACCOUNT**

FOR THE PERIOD 01/01/2009 - 12/31/2009

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN

Investment Category	Shares/ Units	Price/ NAV	Market Value	% Total Value
ENSTAR GROUP LTD	200.0000	73.020000	14,604.00	0.34%
FREERT-MCMRAN CPR & GLD	30.0000	80.290000	2,408.70	0.06%
FMC TECHS INC COM	46.0000	57.840000	2,660.64	0.06%
FISERV INC WISC PV 1CT	700.0000	48.480000	33,936.00	0.79%
ISHARES COMEX GOLD TR	23.0000	107.370000	2,469.51	0.06%
MARKET VECTORS ETF TR	49.0000	46.210000	2,264.29	0.05%
GANNETT CO	195.0000	14.850000	2,895.75	0.07%
GOLDMAN SACHS GROUP INC	57.0000	168.840000	9,623.87	1.70%
GOLDMAN SACHS GROUP INC	374.0000	168.840000	63,146.17	1.70%
GENERAL ELECTRIC	1,982.0000	15.130000	29,987.65	1.36%
GENERAL ELECTRIC	1,870.0000	15.130000	28,293.10	1.36%
GREENHILL COMPANY INC	10.0000	80.240000	802.40	0.02%
GOOGLE INC CL A	90.0000	619.980000	55,798.20	1.31%
GAMCO INVS INC	600.0000	48.290000	28,974.00	2.83%
GAMCO INVS INC	1,900.0000	48.290000	91,751.00	2.83%
GIVAUDAN SA UNSP ADR	188.0000	16.100000	3,026.80	0.07%
GOODYEAR TIRE RUBBER	59.0000	14.100000	831.90	0.02%
HEWITT ASSOCIATES INC	51.0000	42.260000	2,155.26	0.05%
HDFC BANK LTD ADR	16.0000	130.080000	2,081.28	0.05%
HARMAN INTL INDS INC NEW	44.0000	35.280000	1,552.32	0.04%

# STATEMENT OF ASSETS FOR SELF-DIRECT BROKERAGE ACCOUNT

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN

FOR THE PERIOD 01/01/2009 - 12/31/2009

Investment Category	Shares/ Units	Price/ NAV	Market Value	% Total Value
HASBRO INC COM	93.0000	32.060000	2,981.58	0.07%
ITRON INC	21.0000	67.570000	1,418.97	0.03%
ILLINOIS TOOL WORKS INC	900.0000	47.990000	43,191.00	1.01%
INFOSYS TECH LTD ADR	61.0000	55.270000	3,371.47	0.08%
ICICI BANK LTD SPD ADR	67.0000	37.710000	2,526.57	0.06%
INTL BUSINESS MACHINES	27.0000	130.900000	3,534.30	0.08%
INTL GAME TECHNOLOGY	3,022.0000	18.770000	56,722.93	1.54%
INTL GAME TECHNOLOGY	478.0000	18.770000	8,972.06	1.54%
IHS INC	61.0000	54.810000	3,343.41	0.08%
INTL FLAVORS&FRAGRNC	55.0000	41.140000	2,262.70	0.05%
J CREW GROUP INC	57.0000	44.740000	2,550.18	0.06%
JOHNSON AND JOHNSON COM	298.0000	64.410000	19,194.17	1.86%
JOHNSON AND JOHNSON COM	936.0000	64.410000	60,287.77	1.86%
LAUDER ESTEE COS INC A	950.0000	48.360000	45,941.99	3.19%
LAUDER ESTEE COS INC A	1,870.0000	48.360000	90,433.20	3.19%
LEGG MASON INC	527.0000	30.160000	15,894.31	0.48%
LEGG MASON INC	148.0000	30.160000	4,463.68	0.48%
LEUCADIA NATL CORP	2,175.0000	23.790000	51,743.25	1.21%
LOWE'S COMPANIES INC	2,350.0000	23.390000	54,966.50	1.29%
MORGAN STANLEY	92.0000	29.600000	2,723.20	0.06%

# STATEMENT OF ASSETS FOR SELF-DIRECT BROKERAGE ACCOUNT

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN

FOR THE PERIOD 01/01/2009 - 12/31/2009

Investment Category	Shares/ Units	Price/ NAV	Market Value	% Total Value
MONSTER WORLDWIDE INC	237.0000	17.400000	4,123.80	0.10%
MONSANTO CO NEW DEL COM	27.0000	81.750000	2,207.25	0.05%
MARKEL CORP COM	155.0000	340.000000	52,699.99	3.46%
MARKEL CORP COM	280.0000	340.000000	95,200.01	3.46%
MEDTRONIC INC COM	1,430.0000	43.980000	62,891.40	1.47%
MICROSOFT CORP	86.0000	30.480000	2,621.28	0.06%
MICROCHIP TECHNOLOGY INC	130.0000	29.050000	3,776.50	0.09%
NATIONAL-OILWELL VARCO	58.0000	44.090000	2,557.22	0.06%
NVIDIA	186.0000	18.680000	3,474.48	0.08%
NYSE EURONEXT	71.0000	25.300000	1,796.30	0.04%
NAT FUEL GAS CO NJ \$1	54.0000	50.000000	2,700.00	0.06%
NEWMONT MINING CORP	46.0000	47.310000	2,176.26	0.05%
NIKE INC CL B	1,980.0000	66.070000	130,818.60	3.06%
NOKIA CORP SPON ADR	3,915.0000	12.850000	50,307.75	1.18%
OC.NS CORNING INC COMMON	136.0000	25.640000	3,487.04	0.08%
OCCIDENTAL PETE CORP CAL	21.0000	81.350000	1,708.35	0.04%
OMNICOM GROUP COM	930.0000	39.150000	36,409.50	0.85%
PENN NATL GAMING CORP	58.0000	27.190000	1,577.02	0.04%
PETROLEO BRAS SA ADR	37.0000	42.390000	1,568.43	0.04%
POLO RALPH LAUREN CORP A	23.0000	80.980000	1,862.54	0.04%



# STATEMENT OF ASSETS FOR SELF-DIRECT BROKERAGE ACCOUNT

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN

FOR THE PERIOD 01/01/2009 - 12/31/2009

Investment Category	Shares/ Units	Price/ NAV	Market Value	% Total Value
PETROLEO BRAS VTG SPD ADR	34.0000	47.680000	1,621.12	0.04%
PERRIGO CO	46.0000	39.830000	1,832.18	0.04%
PEPSICO INC	1,989.0000	60.800000	120,931.18	3.89%
PEPSICO INC	746.0000	60.800000	45,356.81	3.89%
PLEXUS CORP COM	62.0000	28.480000	1,765.76	0.04%
POTASH CORP SASKATCHEWAN	13.0000	108.500000	1,410.50	0.03%
PROCTER & GAMBLE CO	739.0000	60.630000	44,805.56	2.34%
PROCTER & GAMBLE CO	911.0000	60.630000	55,233.94	2.34%
REGAL BELOIT CORP WIS	29.0000	51.940000	1,506.26	0.04%
ROPER INDUSTRIES INC COM	60.0000	52.370000	3,142.20	0.07%
STERICYCLE INC COM	34.0000	55.170000	1,875.78	0.04%
SEACOAST BKG CORP FLA	13,900.0000	1.630000	22,656.99	0.54%
SEACOAST BKG CORP FLA	300.0000	1.630000	489.00	0.54%
SOUTHWESTERN ENERGY CO	36.0000	48.200000	1,735.20	0.04%
STRYKER CORP	1,100.0000	50.370000	55,407.00	1.30%
TEVA PHARMACTCL INDS ADR	860.0000	56.180000	48,314.80	1.13%
TATA MOTORS LTD ADR	124.0000	16.860000	2,090.64	0.05%
TRANSDIGM GROUP INC	18.0000	47.490000	854.82	0.02%
TIFFANY & CO NEW	234.0000	43.000000	10,061.99	0.55%
TIFFANY & CO NEW	316.0000	43.000000	13,588.00	0.55%

**STATEMENT OF ASSETS FOR  
SELF-DIRECT BROKERAGE ACCOUNT**

FOR THE PERIOD 01/01/2009 - 12/31/2009

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN

Investment Category	Shares/ Units	Price/ NAV	Market Value	% Total Value
ULTRA PETROLEUM CORP	32.0000	49.860000	1,595.52	0.04%
US BANCORP (NEW)	1,100.0000	22.510000	24,761.00	0.58%
VORNADO REALTY TRUST COM	1,056.0000	69.940000	73,856.62	3.26%
VORNADO REALTY TRUST COM	936.0000	69.940000	65,463.85	3.26%
VCA ANTECH INC COM	1,950.0000	24.920000	48,593.99	1.28%
VCA ANTECH INC COM	250.0000	24.920000	6,230.00	1.28%
VERTEX PHARMCTLS INC	43.0000	42.850000	1,842.55	0.04%
WMS INDS INC COM	19.0000	40.000000	760.00	0.02%
WINTRUST FINL CP ILL COM	516.0000	30.790000	15,887.64	0.43%
WINTRUST FINL CP ILL COM	84.0000	30.790000	2,586.36	0.43%
XTO ENERGY INC	1,750.0000	46.530000	81,427.50	1.91%
WAL-MART STORES INC	696.0000	53.450000	37,201.19	2.77%
WAL-MART STORES INC	1,514.0000	53.450000	80,923.30	2.77%
WALGREEN CO	1,690.0000	36.720000	62,056.79	2.12%
WALGREEN CO	778.0000	36.720000	28,568.17	2.12%
WESCO FINANCIAL CORP	50.0000	343.000000	17,150.00	0.40%
WHIRLPOOL CORP	31.0000	80.660000	2,500.46	0.06%
WELLS FARGO & CO NEW DEL	2,472.0000	26.990000	66,719.27	1.99%
WELLS FARGO & CO NEW DEL	678.0000	26.990000	18,299.22	1.99%
WABTEC	42.0000	40.840000	1,715.28	0.04%

# STATEMENT OF ASSETS FOR SELF-DIRECT BROKERAGE ACCOUNT

DEAN, DORTON & FORD, PSC P/S  
& EMPLOYEE SAVINGS PLAN

FOR THE PERIOD 01/01/2009 - 12/31/2009

Investment Category	Shares/ Units	Price/ NAV	Market Value	% Total Value
WYNN RESORTS LTD	1,725.0000	58.230000	100,446.75	2.35%
WEBMD HEALTH CORP	54.0000	38.490000	2,078.46	0.05%
<b>TOTAL COMMON STOCK</b>			<b>3,642,180.04</b>	<b>85.28%</b>
<b><u>MUTUAL FUNDS</u></b>				
TYCO INTL LTD NAMEN-AKT	106.0000	35.680000	3,782.08	0.09%
<b><u>OTHER ASSETS</u></b>				
FRAC KINDER MORGAN MGMT	109,803.0000	0.000000	0.00	0.00%
<b>TOTAL SELF-DIRECTED ACCOUNTS</b>			<b>4,270,819.12</b>	<b>100.00%</b>
<b><u>TRANSFERS IN PROCESS</u></b>				
CASH	0.0000	0.000000	26.28	0.00%
<b>TOTAL TRANSFERS IN PROCESS</b>			<b>26.28</b>	<b>0.00%</b>
<b>ADJUSTED TOTAL SELF-DIRECTED ACCOUNTS</b>			<b>4,270,845.40</b>	<b>100.00%</b>