Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TEAM FINISH INC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

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

155 AROVISTA AVE
#A
BREA, CA 92821

2b Employer Identification Number (EIN)
33-0735445

2c Sponsor's telephone number
714-671-9190

2d Business code (see instructions)
238300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	MARY STANGL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

TEAM FINISH INC

155 AROVISTA AVE
#A
BREA, CA 92821

3b Administrator's EIN
33-0735445

3c Administrator's telephone number
714-671-9190

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	176
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	76
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	76
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	76
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	12
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
TEAM FINISH INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAM FINISH INC

D Employer Identification Number (EIN)
33-0735445

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11777	14490
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	26774	60112
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	453846	618615
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	492397	693217
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	492397	693217

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	32521	
(B) Participants	2a(1)(B)	63010	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		95531
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1847	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1847
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8304	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8304
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		102443
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		208125
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6825	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6825
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	480	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		480
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7305
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		200820
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: COLWELL DOWNING & ASSOCIATES, LLP (2) EIN: 35-2287353

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		75000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
TEAM FINISH INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAM FINISH INC

D Employer Identification Number (EIN)
33-0735445

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**

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): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

TEAM FINISH, INC.

401(K) PROFIT SHARING PLAN & TRUST

INDEPENDENT AUDITOR'S REPORT

AND

FINANICIAL STATEMENTS

DECEMBER 31, 2009 and 2008

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COLWELL
& ASSOCIATES, LLP
DOWNING
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Team Finish, Inc. Profit Sharing Plan & Trust

We were engaged to audit the financial statements of Team Finish, Inc. Profit Sharing Plan & Trust as of December 31, 2009 and 2008, and for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Smith Barney, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Colwell, Downing & Associates, LLP

COLWELL DOWNING & ASSOCIATES, LLP

Fullerton, California
August 17, 2010

Los Angeles County Office
650 Shoppers Lane
Covina, CA 91723
Phone (626) 339-0600
Fax (626) 339-0605

Orange County Office
1525 W. Commonwealth Ave.
Fullerton, CA 92833
Phone (714) 992-1045
Fax (714) 992-1031

TEAM FINISH, INC. PROFIT SHARING PLAN & TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2008	December 31, 2009
ASSETS		
Investments, at fair value, Note 6		
Money market funds	$ 11,777	$ 14,490
Mutual funds	453,846	618,615
	465,623	633,105
Receivables:		
Participant loans	26,774	60,112
Net assets available for benefits	$ 492,397	$ 693,217

See accompanying notes

TEAM FINISH, INC. PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

INVESTMENT INCOME	
Interest and dividend income	$ 10,151
Net appreciation in fair value of investments	102,443
	112,594
CONTRIBUTIONS	
Employer	32,521
Participants'	63,010
	95,531
Total additions	208,125
Deductions from net assets attributed to:	
Administrative expenses	480
Benefits paid to participants	6,825
Total deductions	7,305
Net increase	200,820
Net assets available for benefits:	
Beginning of year	492,397
End of year	$ 693,217

See accompanying notes

Note 1 - Description of Plan

The following description of Team Finish, Inc. Profit Sharing Plan & Trust Plan provides only general information. Participant should refer to the Plan agreement for a more complete description of the Plan provisions.

General - The plan is a voluntary deferred compensation plan under Section 401(k) of the Internal Revenue Code (a paired profit sharing plan) available to the employees of Team Finish, Inc. Employees are eligible to participate in the Plan after having completed three months of service and having attained age 21. The 401(k) plan is maintained in conjunction with the Company's defined contribution pension plan, which covers substantially all of its employees.

Contributions – Each plan year, the company will contribute an amount to be determined from year to year. Each participant may elect to contribute a minimum of 1% to a maximum of 15% of his or her pretax annual compensation for the Plan Year. The Company's matching contribution shall be equal to the sum of 100% of the portion of the employee contribution, which does not exceed 3% of the compensation, plus 50% of the portion between 3% and 5% of their compensation. Matching Contributions shall be determined each payroll period.

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

Vesting - Employer matching contributions are fully vested at all times. Profit sharing contributions vest in the participants' accounts at the rate of 20% after two completed years of service, 40% after three years, 60% after fours years, 80% after five years and 100% after six completed years of service. Employee contributions under the deferred compensation arrangement are 100% vested at all times. Participants may normally retire at the latter of attaining age 65. Upon termination or partial termination of the Plan or permanent discontinuance of contributions, the balance of each participant's account will become 100% vested and distributable to the participants as soon as administratively feasible.

Plan administration - The Plan is administered by the Pension Committee, which is appointed by the board of directors of the Company. The Plan's trustee, Smith Barney, is responsible for the custody and management of the Plan's assets.

Payment of benefits – Benefits are recorded when paid.

Participant loans – Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,00 or 50% of their vested account balance. The loans are secured by up to one-half of the participant's vested account balance. Loans must bear a reasonable rate of interest. Loan terms range up to five years except for a loan to purchase a primary residence, which may be repaid over a reasonable period of time not to extend beyond ten years from the date of the loan.

Note 2 - Summary of Accounting Policies

Basis of accounting - The plan reports investment gains and losses on a modified accrual basis in accordance with DOL regulations. Realized and unrealized investment gains and losses are determined separately based on revalued cost—that is, the current value of the assets at the beginning of the plan year, as carried forward from the end of the prior plan year—or historical cost if the investment was acquired since the beginning of the plan year.

Use of estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that reflect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition – The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds and registered investment companies are valued at the net asset value of shares held by the Plan at year-end. Participant loans are valued at their outstanding balances, which approximate fair value. Dividend and interest income are recorded when received.

Note 3 - Trustee Certification

All of the information shown in the accompanying statements of net assets available for plan benefits and the related statement of income, expenses and changes in net assets were certified to the plan administrator by Smith Barney, the trustee, as being complete and accurate, as of December 31, 2009 and 2008.

Note 4 - Plan Termination

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

Note 5 - Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

Note 6 - Information Certified by the Plan's Trustees

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

	December 31, 2008	December 31, 2009
Investments at fair value:		
Mutual funds	$ 453,846	$ 618,615
Money market funds	11,777	14,490
Participant loans	26,774	60,112
Total	$ 492,397	$ 693,217

	Year Ended December 31, 2009
Investment income:	
Interest and dividend income	$ 10,151
Net appreciation in fair value of investments	102,443
	$ 112,594

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 7 - Investments

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

The following table presents investments that represent five percent or more of the Plan's net assets:

	December 31, 2008	December 31, 2009
Mutual Funds:		
Legg Mason Partners Mid Cap Core Fund 3,599 and 3,880 shares respectively	$ 42,000	$ 60,329
Legg Mason Partners Large Capitalization Growth Fund 3,055 and 3,755 shares, respectively	44,291	76,372
Legg Mason Partners Aggressive Growth Fund 591 and 644 shares, respectively	35,263	50,622
Legg Mason Partners Appreciation Fund 6,612 and 7,251 shares, respectively	66,646	87,443
Legg Mason Partners Government Securities Fund 17,649 and 18,837 shares, respectively	163,779	184,040
Legg Mason Partners International All Cap Growth Fund 5,467 shares	-	36,736
Legg Mason Partners Capital and Income Fund 3,010 shares	-	35,129

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

Mutual funds	$ 102,443

Note 8 – Fair Value Measurements

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

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Mutual funds	$ 618,615	$ 618,615	$ -
Money market funds	14,490	14,490	
Participant loans	60,112	-	60,112
Total	$ 693,217	$ 633,105	$ 60,112
December 31, 2008			
Mutual funds	$ 453,846	$ 453,846	$ -
Money market funds	11,777	11,777	
Participant loans	26,774	-	26,774
Total	$ 492,397	$ 465,623	$ 26,774

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

Level 1 Fair Value Measurements

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

Level 3 Fair Value Measurements

The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Note 8 – Fair Value Measurements (continued)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participants Loans	Total
December 31, 2009		
Beginning balance	$ 26,774	$ 26,774
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-
Purchases, sales, issuances and settlements (net)	33,338	33,338
Ending balance	$ 60,112	$ 60,112
December 31, 2008		
Beginning balance	$ 13,721	$ 13,721
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-
Purchases, sales, issuances and settlements (net)	13,053	13,053
Ending balance	$ 26,774	$ 26,774

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in net appreciation in fair value of investments.

Note 9 – Risks and Uncertainties

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

SUPPLEMENTAL SCHEDULES

Team Finish, Inc.
401(K) Profit Sharing Plan & Trust
Schedule I
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost	(d) Current Value
Mutual Funds:			
Legg Mason Partners Internat'l All Cap Growth Fund	5,467 mutual fund shares		36,736
Legg Mason Partners Capital and Income Fund	3,010 mutual fund shares		35,129
Legg Mason Partners Diversified Strat Income Fund	3,662 mutual fund shares		22,082
Legg Mason Partners Mid Cap Core Fund	3,880 mutual fund shares		60,329
Legg Mason Partners Large Cap Growth Fund	3,755 mutual fund shares		76,372
Legg Mason Partners Aggressive Growth Fund	644 mutual fund shares		50,622
Legg Mason Partners Apprciation Fund	7,251 mutual fund shares		87,443
Legg Mason Partners Investment Grade Bond Fund	1,227 mutual fund shares		12,887
Legg Mason Partners Fundamental Value Fund	2,907 mutual fund shares		32,239
Legg Mason Partners Government Securities Fund	18,837 mutual fund shares		184,040
Legg Mason Partners Small Cap Growth	1,703 mutual fund shares		20,736
Total mutual funds			618,615
Money market funds:			
Western Asset Money Market	14,490 mutual fund shares		14,490
Participant loans	Interest rate ranging from 4.25% - 6%		60,112
Total investments			$ 693,217

Team Finish, Inc.

401(K) Profit Sharing Plan & Trust

Schedule II

Schedule H, Line 4i - Schedule of Assets (Acquired and disposed within year)

December 31, 2009

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of acquisitions	(d) Proceeds of Dispositions
NONE		$ -	$ -

TEAM FINISH, INC.

401(K) PROFIT SHARING PLAN & TRUST

INDEPENDENT AUDITOR'S REPORT

AND

FINANICIAL STATEMENTS

DECEMBER 31, 2009 and 2008

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COLWELL
& ASSOCIATES, LLP
DOWNING
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Team Finish, Inc. Profit Sharing Plan & Trust

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

Colwell, Downing & Associates, LLP

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Fullerton, California
August 17, 2010

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	December 31, 2008	December 31, 2009
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Net assets available for benefits	$ 492,397	$ 693,217

See accompanying notes

TEAM FINISH, INC. PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

INVESTMENT INCOME	
Interest and dividend income	$ 10,151
Net appreciation in fair value of investments	102,443
	112,594
CONTRIBUTIONS	
Employer	32,521
Participants'	63,010
	95,531
Total additions	208,125
Deductions from net assets attributed to:	
Administrative expenses	480
Benefits paid to participants	6,825
Total deductions	7,305
Net increase	200,820
Net assets available for benefits:	
Beginning of year	492,397
End of year	$ 693,217

See accompanying notes

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Vesting - Employer matching contributions are fully vested at all times. Profit sharing contributions vest in the participants' accounts at the rate of 20% after two completed years of service, 40% after three years, 60% after fours years, 80% after five years and 100% after six completed years of service. Employee contributions under the deferred compensation arrangement are 100% vested at all times. Participants may normally retire at the latter of attaining age 65. Upon termination or partial termination of the Plan or permanent discontinuance of contributions, the balance of each participant's account will become 100% vested and distributable to the participants as soon as administratively feasible.

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Payment of benefits – Benefits are recorded when paid.

Participant loans – Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,00 or 50% of their vested account balance. The loans are secured by up to one-half of the participant's vested account balance. Loans must bear a reasonable rate of interest. Loan terms range up to five years except for a loan to purchase a primary residence, which may be repaid over a reasonable period of time not to extend beyond ten years from the date of the loan.

Note 2 - Summary of Accounting Policies

Basis of accounting - The plan reports investment gains and losses on a modified accrual basis in accordance with DOL regulations. Realized and unrealized investment gains and losses are determined separately based on revalued cost—that is, the current value of the assets at the beginning of the plan year, as carried forward from the end of the prior plan year—or historical cost if the investment was acquired since the beginning of the plan year.

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Note 3 - Trustee Certification

All of the information shown in the accompanying statements of net assets available for plan benefits and the related statement of income, expenses and changes in net assets were certified to the plan administrator by Smith Barney, the trustee, as being complete and accurate, as of December 31, 2009 and 2008.

Note 4 - Plan Termination

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

Note 5 - Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

Note 6 - Information Certified by the Plan's Trustees

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

	December 31, 2008	December 31, 2009
Investments at fair value:		
Mutual funds	$ 453,846	$ 618,615
Money market funds	11,777	14,490
Participant loans	26,774	60,112
Total	$ 492,397	$ 693,217

	Year Ended December 31, 2009
Investment income:	
Interest and dividend income	$ 10,151
Net appreciation in fair value of investments	102,443
	$ 112,594

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 7 - Investments

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

The following table presents investments that represent five percent or more of the Plan's net assets:

	December 31, 2008	December 31, 2009
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Legg Mason Partners Aggressive Growth Fund 591 and 644 shares, respectively	35,263	50,622
Legg Mason Partners Appreciation Fund 6,612 and 7,251 shares, respectively	66,646	87,443
Legg Mason Partners Government Securities Fund 17,649 and 18,837 shares, respectively	163,779	184,040
Legg Mason Partners International All Cap Growth Fund 5,467 shares	-	36,736
Legg Mason Partners Capital and Income Fund 3,010 shares	-	35,129

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

Mutual funds	$ 102,443

Note 8 – Fair Value Measurements

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

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Mutual funds	$ 618,615	$ 618,615	$ -
Money market funds	14,490	14,490	
Participant loans	60,112	-	60,112
Total	$ 693,217	$ 633,105	$ 60,112
December 31, 2008			
Mutual funds	$ 453,846	$ 453,846	$ -
Money market funds	11,777	11,777	
Participant loans	26,774	-	26,774
Total	$ 492,397	$ 465,623	$ 26,774

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

Level 1 Fair Value Measurements

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

Level 3 Fair Value Measurements

The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Note 8 – Fair Value Measurements (continued)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participants Loans	Total
December 31, 2009		
Beginning balance	$ 26,774	$ 26,774
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-
Purchases, sales, issuances and settlements (net)	33,338	33,338
Ending balance	$ 60,112	$ 60,112
December 31, 2008		
Beginning balance	$ 13,721	$ 13,721
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-
Purchases, sales, issuances and settlements (net)	13,053	13,053
Ending balance	$ 26,774	$ 26,774

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in net appreciation in fair value of investments.

Note 9 – Risks and Uncertainties

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

SUPPLEMENTAL SCHEDULES

Team Finish, Inc.
401(K) Profit Sharing Plan & Trust
Schedule I
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost	(d) Current Value
Mutual Funds:			
Legg Mason Partners Internat'l All Cap Growth Fund	5,467 mutual fund shares		36,736
Legg Mason Partners Capital and Income Fund	3,010 mutual fund shares		35,129
Legg Mason Partners Diversified Strat Income Fund	3,662 mutual fund shares		22,082
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Legg Mason Partners Large Cap Growth Fund	3,755 mutual fund shares		76,372
Legg Mason Partners Aggressive Growth Fund	644 mutual fund shares		50,622
Legg Mason Partners Apprciation Fund	7,251 mutual fund shares		87,443
Legg Mason Partners Investment Grade Bond Fund	1,227 mutual fund shares		12,887
Legg Mason Partners Fundamental Value Fund	2,907 mutual fund shares		32,239
Legg Mason Partners Government Securities Fund	18,837 mutual fund shares		184,040
Legg Mason Partners Small Cap Growth	1,703 mutual fund shares		20,736
Total mutual funds			618,615
Money market funds:			
Western Asset Money Market	14,490 mutual fund shares		14,490
Participant loans	Interest rate ranging from 4.25% - 6%		60,112
Total investments			$ 693,217

Team Finish, Inc.

401(K) Profit Sharing Plan & Trust

Schedule II

Schedule H, Line 4i - Schedule of Assets (Acquired and disposed within year)

December 31, 2009

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of acquisitions	(d) Proceeds of Dispositions
NONE		$ -	$ -