Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1985

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

2772 SOUTH PECK ROAD
MONROVIA, CA 91016

2b Employer Identification Number (EIN) 95-2574629

2c Sponsor's telephone number 626-254-9191

2d Business code (see instructions) 321210

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	WILLIAM SHAW
	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")
DECORE-ATIVE SPECIALTIES, INC.

2772 SOUTH PECK ROAD
MONROVIA, CA 91016

3b Administrator's EIN
95-2574629

3c Administrator's telephone number
626-254-9191

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**	1297
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**	660
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	381
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1046
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1046
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	969
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	154
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:
3D 2E 2J 3H 2K 2F 2G 2T 2S

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan	B Three-digit plan number (PN) ▶	
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
DECORE-ATIVE SPECIALTIES, INC.	95-2574629	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SAGEVIEW

95-3845382

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

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

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	1	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE AND ANNUTIY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	8164	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

D Employer Identification Number (EIN)
95-2574629

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	2344254

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

D Employer Identification Number (EIN)
95-2574629

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	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)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1045555	1202944
(9) Value of interest in common/collective trusts	1c(9)	2094083	2344254
(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)	12559268	15053592
(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	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	15698906	18600790
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	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	15698906	18600790

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)	297608	
	(B) Participants	2a(1)(B)	1198264	
	(C) Others (including rollovers)	2a(1)(C)	23292	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1519164
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)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	68571	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		68571
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	312031	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		312031
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
(B) Other	2b(5)(B)	0	
(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)		43174
(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)		3001742
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		4944682
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1884371	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1884371
f Corrective distributions (see instructions)	2f		11643
g Certain deemed distributions of participant loans (see instructions)	2g		187576
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	8164	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	11	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8175
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2091765
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2852917
l Transfers of assets:			
(1) To this plan	2l(1)		48967
(2) From this plan	2l(2)		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) [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: CANDACE HILK, CPA (2) EIN: 06-1768797

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		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

D Employer Identification Number (EIN)
95-2574629

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): 20-3691658

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):

Candace M. Hilk
Certified Public Accountant

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
DECORE-ATIVE SPECIALTIES, INC.
401(k) Profit Sharing Plan
Monrovia, California

I was engaged to audit the accompanying statements of net assets available for benefits of DECORE-ATIVE SPECIALTIES, INC., 401(k) Profit Sharing 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 and the supplemental schedule of Schedule H, line 4i Schedule of Assets Held for Investment Purposes as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform and I did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Orchard Trust Company the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions for the year ended December 31, 2009 and as of December 31, 2009 and 2008. 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 I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by me in accordance with generally accepted auditing standards in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Candace M. Hilk

Covina, California

October 7, 2010

1037 North Grand Avenue, #153, Covina, CA 91724 (626) 966-4214

DECORE-ATIVE SPECIALTIES, INC. 401(k) PROFIT SHARING PLAN
Statement of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments	$ 17,397,846	$ 14,653,351
Participant loans	1,202,944	1,045,555
Total Investments	18,600,790	15,698,906
Receivables:		
Employer's contribution	5,187	6,441
Participants' contribution	14,941	26,606
Total Assets	18,620,918	15,731,953
Liabilities		
Corrective distributions payable	19,668	15,512
Total Liabilities	19,668	15,512
Net Assets Relecting All Investments at Fair Value	18,601,250	15,716,441
Adjustment from fair value to contract value for fully-benefit responsive contracts	(94,006)	137,321
Net Assets Available for Benefits	$ 18,507,244	$ 15,853,762

See Accompanying Auditor's Report and Notes

DECORE-ATIVE SPECIALTIES, INC. 401(k) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions		
Additions in net assets attributed to :		
Investment income:		
Dividends and interest	$	312,031
Interest from stable value funds		43,174
Interest from participant loans		68,571
Net appreciation in fair/contract value of investments		2,770,415
		3,194,191
Contributions:		
Employer's		296,354
Participants'		1,186,599
Rollovers and other		23,292
		1,506,245
Transferred assets		48,937
Total Additions		4,749,373
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants (including rollovers)		1,884,371
Corrective and deemed distributions		203,345
Contractor administration fees		8,175
Total deductions		2,095,891
Net Increase		2,653,482
Net assets available for benefits		
Beginning of year		15,853,762
End of year	$	18,507,244

See Accompanying Auditor's Report and Notes

Note A - Description of Plan

The following description of the DECORE-ATIVE SPECIALTIES, INC. 401(k) Profit Sharing Plan ("Plan") provides only general information of the plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) profit sharing plan covering all eligible employees of DECORE-ATIVE SPECIALTIES, INC. and DECORE-ATIVE SPECIALTIES NC, LLC ("Company"). Eligible employees are employees who have completed at least six months of service and have attained age twenty and one-half. Participants become eligible to receive employer salary deferral matching contributions and discretionary profit sharing contributions following completion of one year of service and attainment of age twenty and one-half. Participation is provided through an automatic (cancelable) enrollment feature. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan as amended January 1, 2002, December 23, 2003 and February 1, 2007 provides the following:

A tax deferred retirement savings, 401(k) feature, whereby participants may elect to contribute a portion of their earnings on a pre-tax basis.

An employer matching contribution and employer discretionary profit sharing contributions and/or profit sharing contributions, as determined by the Plan's management.

The Plan obtained its latest determination letter dated September 10, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

The Plan document was amended on January 1, 2010, however, the plan administrator considers the amended plan to continue to be in compliance with the applicable requirements of the Internal Revenue Code, and a new determination will be requested as may be required. According to the plan administrator the only significant change to the Plan is related to an increase in the employee contribution through the automatic enrollment feature. Participants should refer to the amended Plan agreement for more complete Plan provisions.

Contributions

Plan contributions are derived from three sources: participant salary deferrals, employer matching contributions ($.35 per $1.00 of participant salary deferral to a maximum of 1.75% of compensation as determined by the employer and employer discretionary matching and/or profit sharing contributions ($0 for the year ended December 31, 2009).

In order to be eligible for matching and discretionary contributions, the participant is required to have worked at least 1,000 hours during the year and be an employee on the last day of the year.

Participant Accounts

Each Participant's account is credited with his or her salary deferrals, the employer's matching contribution (allocation previously described), and an allocation of the employer's discretionary contributions as well as Plan earnings. The allocation of the discretionary profit sharing contributions is determined by the Plan's management. Plan earnings are allocated on the basis of participants' account balances in accordance with investment options available through Great-West Retirement Services (Great-West). Plan assets are held by Orchard Trust Company, an affiliate of Great-West Retirement Services and Great-West Life and Annuity Insurance Company. Plan assets are invested in various mutual fund investments at the direction of each participant. Great-West is considered to be the Plan's and recordkeeper in accordance with applicable investment/administrative agreements.

Vesting

Participants are 100% vested in their salary deferral account at all times. Participants are vested in their 401(k) employer matching account and discretionary profit sharing account balances in accordance with the following vesting schedule:

Years of Service	Percent Vested
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participant Loans

The Plan's management (the Plan Committee), at it's sole discretion, may make loans to participants not to exceed the lesser of $50,000 or 50% of the single sum of the vested accrued benefit of the participant. Interest rates are determined based upon prevailing business interest rates when the transaction occurs. The specific loan term is term not to exceed five years. Other information regarding participant loans is available in the Plan agreement.

Payment of Benefits

Benefits are paid to the participants upon retirement, death or disability in a lump-sum amount equal to the value of their vested account balance. If employment is terminated for a reason other than retirement, death or disability, participants will be entitled to a distribution of their vested account balance in accordance with the terms of the Plan agreement. The Plan allows for in-service distributions to participants at the age of 59 ½.

Participant Forfeitures

Forfeitures are distributed to participants (subject to overall regulatory contribution limitations) and reduce employer nonelective contributions in accordance with Plan requirements. Effective January 1, 2009, forfeitures will be used for Plan expenses prior to reducing employer nonelective contributions.

Forfeiture amounts distributed during 2009 and available at December 31, 2009, were approximately $67,000 and $77,000 respectively (see Note K).

Corrective Distributions
Excess contributions to the Plan were refunded subsequent to December 31, 2009 in accordance with Internal Revenue Service and ERISA regulations.

Note B - Summary of Accounting Policies

Method of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting and investments are presented 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. The Statement of Changes in Net Assets Available for Benefits reflects the change from fair value to contract value for the stable value fund. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Refer to note E.

Valuation of Investments
Investments are valued at fair value, using quoted or last traded value as of the valuation date. Shares of registered investment companies are valued at quoted market prices which represent net asset values of shares. Valuation of investments are pursuant to the Plan's investment contract. The Putnam (2009) and Franklin Templeton (2008) Stable Funds however, are valued at fair value and adjusted to contract value. Refer to note E.

Administration Expenses
Fees related to the administration of the investments are deducted from the related investment return as applicable for the particular mutual fund investment. Other Plan (custodial) administration costs in the amount of $8,175 were incurred by the Plan for the year ended December 31, 2009. Any additional administrative costs are paid by the Plan through forfeitures or paid by the Company.

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

Subsequent Events
The Plan has evaluated subsequent events through October 7, 2010, the date the financial statements were available to be issued.

Note C - Plan Termination

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, although no intent to do so has been expressed.

In the event of Plan termination, none of the amounts paid into the Plan by the Company may revert to the Company.

Note D - Certifications and Investments

The Plan's investments as of December 31, 2009 and for the year ended December 31, 2008 and as of December 31, 2009 were held in trust by the Orchard Trust Company. Investments are valued as described in Notes B and F. The participant investment choices included various mutual funds, including a stable value fund (variable rates of return less applicable administrative fee) for the years ended December 31, 2009 and 2008.

In accordance with the Employee Retirement Income Security Act of 1974, the Orchard Trust Company certified as correct, certain information that is included in the financial statements and accompanying schedule of assets held for investment purposes that is included in the accompanying financial statements as follows:

Investment accounts and participant loans as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.

Investment income and loss as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.

The schedule of assets held for investment purposes as of December 31, 2009 as shown on the supplemental schedule.

The following presents investments (all participant directed) at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets:

	2009	2008
Putnam/Franklin Stable Fund (at contract value)	$ 2,173,410	$ 2,162,710
Franklin Total Return Fund	2,795,665	2,781,179
American Funds EuroPacific Growth Fund	2,099,190	1,611,368
American Funds Growth Fund	2,258,321	1,572,091
Van Kampen Growth & Income	1,698,646	1,449,582
USB S&P 500 Index Fund	-	1,590,610
Principal Large Cap S&P 500 Index Fund	1,851,148	-
Participant Loans	1,202,944	1,045,555

The fair value of the investments was $17,397,846 at December 31, 2009 and $14,653,351 at December 31, 2008, excluding participant loans. The combined net appreciation or (depreciation) of the investments for the year ended December 31, 2009 was $2,770,415 and for the year ended December 31, 2008 was $(5,324,913), including an adjustment to contract value.

All investments offered under the contract with the contract administrator are participant-directed and accordingly, the participants may change their investments at their discretion.

Note E - Stable Value Funds - Insurance Company Investment Contracts

The Plan provides a stable value fund investment option. During the year ended December 31, 2008, the Plan changed this fund option from the Franklin Stable Value Fund to the Putnam Stable Value Fund.

The Putnam Stable Value fund at December 31, 2009 was invested primarily in traditional, synthetic (wrapper), and security-backed investment contracts. The contracts are fully-benefit responsive.

In accordance with generally accepted accounting principles, the Plan's financial statements present the adjustment to increase or decrease the value from fair value to contract value for both 2009 and 2008. The Plan has reported the stable value fund in investments on the financial statements at fair value, based upon a market valuation methodology as provided by the stable value fund. The adjustment for 2009 and 2008 from fair value to contract value, is based on the contract value as reported by the stable value fund's financial statements. Contract value represents contributions (principal), plus earnings, less participant withdrawals and administrative expenses. Such fully-benefit responsive contracts ordinarily transact withdrawals or transfers at amounts reflecting contract value.

The fair values of the stable value fund's underlying investments at December 31, 2009 and 2008 were $2,267,416 and $2,026,389 respectively. The contract values of the stable value fund's underlying investment contracts at December 31, 2009 and 2008 were $2,173,410 and $2,162,710 respectively. The average yield and crediting interest rates were approximately 2.9% for 2009 and 4.1% for 2008. Such interest rates were determined in accordance with the terms of the underlying investments contracts in the stable fund.

The Putnam Stable Value Fund crediting rate for the underlying investments of contracts is typically reset monthly or quarterly. The rate (not less than zero) is responsive to investment market rates (underlying investments) and gains and losses and adjusted by formula specified in the (wrapper) contracts.

Certain events, such as the premature termination of contracts within the underlying investments of the stable value fund, could affect the participants' ability to transact at contract value. However, the stable value fund management and the plan administrator do not consider this to be likely or probable. Financial information for the Putnam Stable Value Fund is available through Great-West.

Note F - Fair Value Measurement

Effective January 1, 2008, the Plan implemented the Financial Accounting Standards Board Accounting Standards Codification (ASC) 820 for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements. ASC 820 applies to fair value measurements already required or permitted by existing standards.

In general, fair values determined by level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets. Fair values determined by level 2 inputs utilize data

points that are observable such as quoted prices, interest rates and yield curves. Fair values determined by level 3 inputs are unobservable data points for the assets and include situations where there is little, if any, market activity for the assets.

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2009, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

	Level 1	Level 2	Level 3	Year Ended December 31, 2009
Mutual Funds:				
Index Fund	$ 1,854,676			$ 1,854,676
Equity Funds	13,198,916			13,198,916
Stable Value Fund/Forfeitures		$ 2,344,254		2,344,254
Participant Loans			$ 1,202,944	1,202,944
Total Assets at Fair Value	$ 15,053,592	$ 2,344,254	$ 1,202,944	$18,600,790

	Level 1	Level 2	Level 3	Year Ended December 31, 2008
Mutual Funds:				
Index Funds	$ 1,590,610			$ 1,590,610
Equity Funds	10,968,658			10,968,658
Stable Value Fund/Forfeitures		$ 2,094,083		2,094,083
Participant Loans			$ 1,045,555	1,045,555
Total Assets at Fair Value	$12,559,268	$ 2,094,083	$ 1,045,555	$15,698,906

The following is a description of the valuation methodologies used for assets measured at fair value. The stable value fund has been adjusted to contract value as described at Note E. There have been no changes in the methodologies used at December 31, 2009.

Mutual Funds - Valued at the net asset value of shares held by the Plan at year end.

Stable Value Fund - Valued at fair value by adjusting contract value for the change in interest rates (market value) of the underlying investments. Fair value is adjusted to contract value for purposes of the financial statement presentation.

Participant Loans - Valued at amortized cost (as adjusted for collectibility) which approximates fair value.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2009 and 2008:

	Participant Loans
Balance January 1, 2009	$ 1,045,555
Purchases, issuances and settlements, net	157,389
Balance December 31, 2009	$ 1,202,944
Balance January 1, 2008	$ 987,206
Purchases, issuances and settlements, net	58,349
Balance December 31, 2008	$ 1,045,555

Note G - Reconciliation of Financial Statements to Schedule H of Form 5500

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

	December 31, 2009
Net assets available for benefits per the financial statements	$ 18,507,274
Less employer and participant contributions receivable	(20,128)
Add adjustment to contract value	94,006
Add corrective distributions payable	19,638
Net assets available for benefits per Schedule H Form 5500	$ 18,600,790

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2008 to Schedule H of Form 5500 at December 31, 2008:

	December 31, 2008
Net assets available for benefits per the financial statements	$ 15,853,762
Less employer and participant contributions receivable	(33,047)
Less adjustment to contract value	(137,321)
Add corrective distributions	15,512
Net assets available for benefits per Schedule H Form 5500	$ 15,698,906

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

	Year Ended December 31, 2009
Net increase per the financial statements	$ 2,653,482
Add net change in contract value	231,327

Add net change in contributions receivable	12,919
Add increase in corrective Distributions	4,156
Net income per Schedule H of Form 5500	$ 2,901,884

Note H - Related Party Transactions

Plan investment options were both provided and managed by the custodian (refer to Note A) during 2009. Separate fees paid to the custodian amounted to $8,175 for the year ended December 31, 2009. The supplemental schedule of assets held for investment purposes identifies the investment options that have a party in interest.

Note I - Risks and Uncertainties

The Plan invests in various investment securities available in accordance with the Plan's investment agreement, through participant direction. Due to the inherent risk associated with investment securities, it is possible that changes in the value of investment securities can occur in the near term that could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note J - Merger

The plan sponsor (employer) acquired a similar business during 2008. The acquired business had a separate 401K plan which merged with the Plan during December of 2009. The transferred assets amounted to $48,937.

Note K - Partial Plan Termination - Subsequent Additional Distributions

The plan administrator has determined the effects of a reduction in the workforce to exceed 20% during 2009. As a result, the affected participants became fully vested in employer contributions and eligible for additional distributions. Forfeited amounts available at December 31, 2009 of $77,000 are considered by the plan administrator to be sufficient for such additional distributions.

SUPPLEMENTAL SCHEDULES

December 31, 2009

Form 5500, Schedule H, Line 4i attachment:

Schedule of Assets Held for Investment Purposes

DECORE-ATIVE SPECIALTIES, INC. 401 (k) Profit Sharing Plan 95-2574629 PN 002

Schedule of Assets Held for Investment Purposes Attachment to Schedule H, Line 4i of Form 5500

December 31, 2009 All Participant Directed

(a)	Accounts of Franklin Templeton (b)	Description (c)	Cost (d) n/a	(fair value) Current Value
*	Putnam Stable Value Fund	Common Collective Trust		$2,267,416
*	Franklin Total Return Fund	Mutual Fund		2,795,665
*	Franklin Income Fund	Mutual Fund		146,897
	American Funds Euro Pacific Growth	Mutual Fund		2,099,190
	Allianz NFJ Small Cap Value	Mutual Fund		76,981
	American Funds Growth	Mutual Fund		2,258,321
*	Franklin High Income Value	Mutual Fund		789,176
	Mutual Beacon	Mutual Fund		236,594
	Davis NY Venture Fund	Mutual Fund		825,975
*	Franklin Balance Sheet Investment	Mutual Fund		761,784
	Van Kampen Growth & Income	Mutual Fund		1,698,646
	Franklin Flex Cap Growth	Mutual Fund		783,057
	Fidelity Advisor Small Cap	Mutual Fund		695,324
	First American Mid-Cap Index	Mutual Fund		166
	First American Small Cap Index	Mutual Fund		3,362
	Pimco Real Return Fund	Mutual Fund		10,484
	Principal Large Cap S&P 500 Index	Mutual Fund		1,851,148
	Seligman Communications & Information	Mutual Fund		20,822
	Forfeitures (Putnam Stable Value Fund)	Forfeited Participant Amounts		76,838
	Loan Fund	Participant Loans-4.25% - 9.25%		1,202,944
	Total			$18,600,790

(a) party-in-interest shown by *, if applicable

ASSETS HELD FOR INVESTMENT PURPOSES

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan
01-JAN-09 to 31-DEC-09

31-JAN-10 09:24:41

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1REREX			2,389,806.27	2,099,188.99
1SE-CIN			19,335.04	20,822.28
1PCVAX			67,745.73	76,980.83
1FSCDX			705,612.03	695,323.68
1FMDAX			3,213.43	3,362.26
1FR-BLS			938,245.00	761,784.28
1FDXAX			162.21	166.43
1FR-CGR			772,661.34	783,056.80
1FR-MBF			293,642.22	236,594.34
1RGAEX			2,514,681.42	2,258,320.83
1DV-NYV			881,609.65	825,975.11
1PLFNX			1,860,441.82	1,851,146.60
1ACGIX			1,856,705.02	1,698,646.47
1FKINX			149,435.86	146,896.76
1FHAIX			780,378.76	789,176.10
1FKBAX			2,813,870.11	2,795,665.78
1PRTNX			10,600.75	10,483.66
1PCSV			2,267,416.44	2,267,416.44
			18,325,563.10	**17,321,007.64**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	1,211,226.69	1,195,447
FORFEITURES			76,837.79	76,837.79

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 95-2574629

LEGEND

INVESTMENT OPTION:

1REREX	American Funds EuroPacific Growth Fd R4	1SE-CIN	Seligman Communications & Information- A
1PCVAX	Allianz NFJ Small Cap Value Fund - A	1FSCDX	Fidelity Advisor Small Cap Fund - A
1FMDAX	First American Small Cap Index A	1FR-BLS	Franklin Balance Sheet Investment - A
1FDXAX	First American Mid Cap Index - A	1FR-CGR	Franklin Flex Cap Growth Fund A
1FR-MBF	Mutual Beacon Fund A	1RGAEX	American Funds Growth Fund of America R4
1DV-NYV	Davis New York Venture Fund - A	1PLFNX	Principal Large Cap S&P 500 Index R2
1ACGIX	Van Kampen Growth & Income Fund A	1FKINX	Franklin Income Fund - A
1FHAIX	Franklin High Income - A	1FKBAX	Franklin Total Return Fund - A
1PRTNX	PIMCO Real Return Fund - A	1PCSV	Putnam Stable Value Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year