

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ 001
HENRY H. OTTENS MANUFACTURING CO., INC., EMPLOYEES' PENSION PLAN	1c Effective date of plan 12/12/1963
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) 23-1404595
HENRY H. OTTENS MANUFACTURING CO., INC.	2c Sponsor's telephone number 215-365-7800
7800 HOLSTEIN AVENUE PHILADELPHIA, PA 19153	2d Business code (see instructions) 311900

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.	10/15/2010	ROBBIN NEJAD
	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") HENRY H. OTTENS MANUFACTURING CO., INC., 7800 HOLSTEIN AVENUE PHILADELPHIA, PA 19153	3b Administrator's EIN 23-1404595 3c Administrator's telephone number 215-365-7800
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	131
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	84
b Retired or separated participants receiving benefits.....	6b	7
c Other retired or separated participants entitled to future benefits.....	6c	32
d Subtotal. Add lines 6a , 6b , and 6c	6d	123
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	126
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3D 3H

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan HENRY H. OTTENS MANUFACTURING CO., INC., EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HENRY H. OTTENS MANUFACTURING CO., INC.	D Employer Identification Number (EIN) 23-1404595
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information	
1	Enter the valuation date: Month _____ Day _____ Year _____	
2	Assets:	
a	Market value	2a
b	Actuarial value	2b
3	Funding target/participant count breakdown	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a
b	For terminated vested participants	3b
c	For active participants:	
(1)	Non-vested benefits	3c(1)
(2)	Vested benefits	3c(2)
(3)	Total active	3c(3)
d	Total	3d
4	If the plan is at-risk, check the box and complete items (a) and (b)	
a	Funding target disregarding prescribed at-risk assumptions	4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate	5 %
6	Target normal cost	6

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	Date
	Type or print name of actuary	Most recent enrollment number
	Firm name	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II	Beginning of year carryover and prefunding balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of _____%		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	%
15 Adjusted funding target attainment percentage.....	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
				0	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	
38 Interest-adjusted excess contributions for current year (see instructions).....	38	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 HENRY H. OTTENS MANUFACTURING CO., INC., EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HENRY H. OTTENS MANUFACTURING CO., INC.		D Employer Identification Number (EIN) 23-1404595

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	RAINER AND COMPANY	b EIN:	23-2183936
c Position:	ACCOUNTANT		
d Address:	2 CAMPUS BOULEVARD SUITE 220 NEWTOWN SQUARE, PA 19073-3270	e Telephone:	610-353-4610

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HENRY H. OTTENS MANUFACTURING CO., INC., EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HENRY H. OTTENS MANUFACTURING CO., INC.	D Employer Identification Number (EIN) 23-1404595	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	177791	399950
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	3176	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		24000
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5093970	6467879
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5274937	6891829

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5274937	6891829
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	800000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		800000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	71	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	-3176	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-3105

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

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	460240	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	431291	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		28949

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	857716	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		857716
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		230449
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1914009

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	297117	
(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)		297117
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		297117

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1616892
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ZOOK DINON PA

(2) EIN: 22-2746484

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan HENRY H. OTTENS MANUFACTURING CO., INC., EMPLOYEES' PENSION PLAN				B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 HENRY H. OTTENS MANUFACTURING CO., INC.				D Employer Identification Number (EIN) 23-1404595	
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): 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 1	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2009 v.092308.1	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008
TOGETHER WITH INDEPENDENT AUDITORS' REPORT

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

INDEX TO FINANCIAL STATEMENTS

	Page
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS:	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - As of December 31, 2009 and 2008	3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - For the Years Ended December 31, 2009 and 2008	4
NOTES TO FINANCIAL STATEMENTS	5 - 12
SUPPLEMENTAL SCHEDULES:	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - As of December 31, 2009	13
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS – For the Year Ended December 31, 2009	14



ZOOK DINON PA
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Henry H. Ottens Manufacturing Company, Inc. Employees' Pension Plan

We were engaged to audit the financial statements and supplemental schedules of the Henry H. Ottens Manufacturing Company, Inc. Employees' Pension Plan as of December 31, 2009, and for the year then ended, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Wachovia Bank, N.A., the trustee of the Plan. Their report, dated August 5, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were 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.

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 3, which was certified by Wells Fargo Bank, N.A. (formerly Wachovia Bank, N.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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 year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.



ZOOK DINON PA
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Because of the significance of the information in the Plan's 2009 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and schedules taken as a whole. The form and content of the information included in the 2009 financial statements and schedules, other than that derived from the information certified by the trustee, 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 Income Security Act of 1974.

Zook Dinon PA

September 30, 2010

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31	
	2009	2008
<u>ASSETS</u>		
Investments, at fair value:		
Money market funds	\$ 24,000	\$ -
Shares of registered investment companies	6,467,879	5,093,970
	<u>6,491,879</u>	<u>5,093,970</u>
Receivables:		
Company contributions receivable	400,000	177,792
Accrued income	-	3,176
	<u>400,000</u>	<u>180,968</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,891,879</u>	<u>\$ 5,274,938</u>

See accompanying notes.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31	
	2009	2008
ADDITIONS:		
Company contributions	\$ 800,049	\$ 327,841
Net appreciation in fair value of investments	886,666	-
Investment income	227,343	357,881
Total additions	1,914,058	685,722
DEDUCTIONS:		
Net depreciation in fair value of investments	-	2,563,617
Benefits paid directly to participants	297,117	283,460
Total deductions	297,117	2,847,077
NET INCREASE (DECREASE)	1,616,941	(2,161,355)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	5,274,938	7,436,293
End of year	\$ 6,891,879	\$ 5,274,938

See accompanying notes.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN:

The following description of the Henry H. Ottens Manufacturing Company, Inc. Employees' Pension Plan (the "Plan") provides only general information. Information about the Plan, vesting and benefit provisions is contained in the Plan Document and Summary Plan Description, which are available to participants from the plan administrator. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General -

The Plan is a non-contributory defined benefit pension plan covering employees of Henry H. Ottens Manufacturing Company, Inc. ("the Company") who are not excluded employees as defined by the Plan's provisions. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employees were eligible to participate in the Plan if they attained the age of 21 and completed one year of service as of January 1, 2008. Effective January 1, 2008, the Plan was amended to suspend any future employees from participation in the Plan. However, all existing Plan participants as of January 1, 2008 will continue to accrue benefits, service, including service for vesting purposes, and other rights and benefits that may be granted to participants under the terms of the Plan.

Pension Benefits -

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) based on the participant's average compensation and years of credited service as defined by the Plan's provisions. The Plan permits early retirement at ages 60 to 64 with fifteen years of service.

Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering five years of service, they forfeit the right to receive monthly pension benefits.

Funding Requirements -

The Company's funding policy is to make annual contributions to the Plan not less than the amount required to meet the minimum funding requirements prescribed by law, based on the actuarial method used by the enrolled actuary of the Plan.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Plan Termination -

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All other benefits accrued under the Plan.

Administrative Expenses -

Substantially all Plan expenses are paid by the Company.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting -

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Risks and Uncertainties -

The Plan invests in a combination of investment securities which are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition -

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits -

Accumulated plan benefits are those future payments that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan are based on the participant's average compensation and number of years of credited service, as defined. The actuarial present value of accumulated plan benefits is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the date as of which the benefit information is presented and the expected date of payment.

Use of Estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Subsequent Events -

The Company has evaluated subsequent events through September 30, 2010, the date the audited financial statements were available to be issued.

3. INVESTMENTS – CERTIFIED FINANCIAL INFORMATION:

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information, certified to by the trustee to be complete and accurate for the years ended December 31, 2009 and 2008, respectively, was relied upon in the preparation of the financial statements and supplemental schedules as of and for the years ended December 31, 2009 and 2008.

- a. Investment amount included in the Statements of Net Assets Available for Benefits.
- b. Net appreciation (depreciation) in fair value of investments and investment income included in the Statements of Changes in Net Assets Available for Benefits.

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 investments represent 5% or more of the Plan's net assets as of:

	December 31	
	2009	2008
Evergreen Funds Small-Mid Cap Growth Fund	\$ 337,912	\$ 264,964
Evergreen Funds International Equity Fund	649,993	511,903
T. Rowe Price Equity Income Fund	1,002,284	767,383
Evergreen Funds Strategic Growth Fund	990,434	775,182
Dreyfus Small Cap Equity Fund	335,882	267,270
PIMCO Total Return Fund	3,151,374	2,507,268

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS:

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820 *Fair Value Measurements and Disclosures* ("Topic 820") establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Topic 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Money market funds: Valued at the quoted market price reported on the active market on which the individual funds are traded on the last business day of the Plan year.

Shares of registered investment companies: Valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 24,000	\$ -	\$ -	\$ 24,000
Shares of registered investment companies	6,467,879	-	-	6,467,879

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Shares of registered investment companies	\$ 5,093,970	\$ -	\$ -	\$ 5,093,970

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

5. ACCUMULATED PLAN BENEFITS:

The accumulated plan benefit information as of the end of each plan year is as follows:

	As of January 1	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested:		
Participants currently receiving payments	\$ 2,400,452	\$ 2,642,683
Terminated participants entitled to deferred benefits	578,874	540,457
Other participants	3,149,006	3,017,283
	6,128,332	6,200,423
Nonvested	164,863	155,843
	<u>\$ 6,293,195</u>	<u>\$ 6,356,266</u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2008	\$ 6,356,266
Increase (decrease) during the year attributable to:	
Interest	321,589
Benefits accrued during the year	516,936
Benefits paid	(283,460)
Change in statutory discount rates	<u>(618,136)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2009	<u>\$ 6,293,195</u>

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

The significant actuarial assumptions underlying the calculation of the actuarial present value of accumulated plan benefits for the years ended December 31, 2009 and 2008 are as follows:

Mortality rate	1994 Group Annuity Mortality Table
Normal retirement age	Age 65

The 2009 and 2008 valuations both included assumed long-term expected rates of return of 6.25%. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. INCOME TAX STATUS:

The Plan has received a determination letter from the Internal Revenue Service dated April 29, 2002, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving this determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

SUPPLEMENTAL SCHEDULES

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009, E.I.N. 23-1404595, P.I.N. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Evergreen Money Market Fund	Money Market Fund	\$ 24,000	\$ 24,000
	PIMCO Total Return Fund	Registered Investment Company	2,988,697	3,151,374
	Dreyfus Small Cap Equity Fund	Registered Investment Company	340,230	335,882
*	Evergreen Strategic Growth Fund	Registered Investment Company	1,005,348	990,434
*	Evergreen Small-Mid Cap Growth Fund	Registered Investment Company	321,674	337,912
	T. Rowe Price Equity Income Fund	Registered Investment Company	996,886	1,002,284
*	Evergreen International Equity Fund	Registered Investment Company	744,481	649,993

* Party-in-interest.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2009, E.I.N. 23-1404595, P.I.N. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Wells Fargo	Evergreen Money Market Fund Cl I (Series of Transactions)	\$ 820,767	\$ -	\$ 820,767	\$ 820,767	\$ -
Wells Fargo	Evergreen Money Market Fund Cl I (Series of Transactions)	\$ -	\$ 796,767	\$ 796,767	\$ 796,767	\$ -
PIMCO	PIMCO Total Return Fund Inst Cl (Series of Transactions)	\$ 613,046	\$ -	\$ 613,046	\$ 613,046	\$ -
PIMCO	PIMCO Total Return Fund Inst Cl (Series of Transactions)	\$ -	\$ 146,577	\$ 143,157	\$ 146,577	\$ 3,420
T. Rowe Price	T. Rowe Price Equity Income Fd (Series of Transactions)	\$ 171,468	\$ -	\$ 171,468	\$ 171,468	\$ -
T. Rowe Price	T. Rowe Price Equity Income Fd (Series of Transactions)	\$ -	\$ 144,182	\$ 174,542	\$ 144,182	\$ (30,360)

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning and ending

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

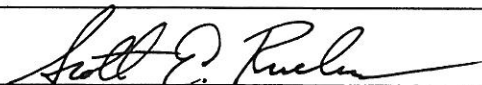
A Name of plan Henry Ottens Mfg. Co., Inc. Employees' Pension Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Henry Ottens Mfg. Co., Inc.		D Employer Identification Number (EIN) 23-1404595
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value		2a	5,273,601
b Actuarial value		2b	5,273,601
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	10
b For terminated vested participants		3b	31
c For active participants:			
(1) Non-vested benefits		3c(1)	0
(2) Vested benefits		3c(2)	2,549,307
(3) Total active		3c(3)	91
d Total		3d	132
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.41 %
6 Target normal cost		6	341,527

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

Scott E. Ruehr, FSA

Type or print name of actuary

Tycor Benefit Administrators, Inc.

850 Cassatt Road, Suite 310

Firm name

Berwyn

PA 19312

Address of the firm

04/21/2010

Date

08-02871

Most recent enrollment number

(610) 251-0670

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	52	N/A
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	52	0
10 Interest on item 9 using prior year's actual return of <u>29.57</u> %	(15)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		313,355
b Interest on (a) using prior year's effective rate of <u>6.13</u> %		19,209
c Total available at beginning of current plan year to add to prefunding balance		332,564
d Portion of (c) to be added to prefunding balance		332,564
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	37	332,564

Part III Funding percentages

14 Funding target attainment percentage	14	93.63 %
15 Adjusted funding target attainment percentage	15	93.63 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	146.72 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/22/2009	400,000				
01/15/2010	400,000				
Totals ▶			18(b)	800,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 757,433

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.17 %	2nd segment: 6.28 %	3rd segment: 6.62 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	341,527
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19,706	3,305
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	344,832
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	344,832
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	757,433
38 Interest-adjusted excess contributions for current year (see instructions)	38	412,601
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

ATTACHMENT TO SCHEDULE SB

PLAN NAME: Henry H. Ottens Mfg. Co., Inc. Employees' Pension Plan

EIN/PN: 23-1404595 / 001

PLAN YEAR ENDED: 12/31/09

Schedule SB, line 19 - Discounted Employer Contributions:

N/A ... there is no interest charge on late quarterly contributions.

Schedule SB, line 22 - Weighted average retirement age: It was assumed that all participants will retire on Normal Retirement Date or 1/1/10 if later.

Schedule SB, line 26 - Schedule of Active Participant Data:

Attained	Years of Credited Service									
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25		1								
25 to 29		10	2							
30 to 34		5	1	4						
35 to 39		5	1	2						
40 to 44		5	1	2	1	2				
45 to 49		4	3	1	1	3				
50 to 54		7	6	1	3		2			
55 to 59		7	2	1	1	1		3		
60 to 64										
65 to 69				1						
70 & up							1		1	

HENRY H. OTTENS MANUFACTURING CO., INC., EMPLOYEES' PENSION PLAN
EIN: 23-1404595, PLAN NO. 001, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
PLAN YEAR ENDED 12/31/09

(a)	IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY (b)	(c) DESCRIPTION OF INVESTMENT	(d) COST BASIS	(e) FAIR MARKET VALUE
	PIMCO Total Return Fund	291793.9 shares	2,988,696.97	3,151,373.83
	Dreyfus Small Cap Equity Fund	13862.24 shares	340,229.92	335,882.03
	Evergreen Strat Growth Fund	38108.29 shares	1,005,347.50	990,434.41
	Evergreen Small-Mid Cap Growth	29719.62 shares	321,674.30	337,912.11
	T. Rowe Price Equity Income	47750.55 shares	996,885.76	1,002,284.11
	Evergreen Intl Equity Fund Cl I	94,065.50 shares	744,481.43	649,992.60

FOR THE PERIOD 01/01/09
THROUGH 12/31/09

SCHEDULE H, LINE 4j

PAGE 36

SCHEDULE OF REPORTABLE TRANSACTIONS
HENRY H. OTTENS PENSION PLAN
WACHOVIA BANK, N.A.
TRUSTEE

ACCOUNT # 1540027879

PLAN NUMBER: 001

EIN NUMBER: 23-1404595

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
-------------	--------------------------------------	---------------	-------------------------------	---------------------

BEGINNING MARKET VALUE: 5,097,146.25

SECURITY TRANSACTIONS EXCEEDING 5%:

TEMPORARY INVESTMENTS

EVERGREEN MONEY MARKET FUND CL I
(FD #218)

TOTAL ACTIVITY FROM 01/01/09
TO 12/31/09

DEPOSIT

820,766.75	820,766.75	820,766.75	
------------	------------	------------	--

WITHDRAWAL

796,766.75	796,766.75	796,766.75	
------------	------------	------------	--

TOTAL

1,617,533.50	1,617,533.50	1,617,533.50	
--------------	--------------	--------------	--

TOTAL TEMPORARY INVESTMENTS

1,617,533.50	1,617,533.50	1,617,533.50	
--------------	--------------	--------------	--

MUTUAL FUNDS - FIXED TAXABLE

PIMCO TOTAL RETURN FD INST CL

SOLD AT 10.150

23,621.68	23,615.19	23,621.68	6.49
-----------	-----------	-----------	------

PURCHASED AT 10.150
FOR REINVESTMENT

12,929.26	12,929.26	12,929.26	
-----------	-----------	-----------	--

SOLD AT 10.010

47,621.68	48,274.53	47,621.68	652.85-
-----------	-----------	-----------	---------

PURCHASED AT 10.010
FOR REINVESTMENT

13,503.72	13,503.72	13,503.72	
-----------	-----------	-----------	--

PURCHASED AT 10.130
FOR REINVESTMENT

12,933.65	12,933.65	12,933.65	
-----------	-----------	-----------	--

FOR THE PERIOD 01/01/09
THROUGH 12/31/09

SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
HENRY H. OTTENS PENSION PLAN
WACHOVIA BANK, N.A.
TRUSTEE

PAGE 37
ACCOUNT # 1540027879

PLAN NUMBER: 001

EIN NUMBER: 23-1404595

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED AT 10.220 FOR REINVESTMENT	12,952.79	12,952.79	12,952.79	
PURCHASED AT 10.430 FOR REINVESTMENT	12,893.94	12,893.94	12,893.94	
PURCHASED AT 10.310	173,304.10	173,304.10	173,304.10	
PURCHASED AT 10.450 FOR REINVESTMENT	13,536.86	13,536.86	13,536.86	
SOLD AT 10.500	23,620.95	22,855.82	23,620.95	765.13
PURCHASED AT 10.630 FOR REINVESTMENT	14,397.68	14,397.68	14,397.68	
PURCHASED AT 10.780 FOR REINVESTMENT	14,121.43	14,121.43	14,121.43	
SOLD AT 10.800	4,519.14	4,253.57	4,519.14	265.57
PURCHASED AT 10.910	262,818.72	262,818.72	262,818.73	
PURCHASED AT 10.920 FOR REINVESTMENT	13,508.50	13,508.50	13,508.50	
SOLD AT 10.950	23,620.79	22,068.05	23,620.78	1,552.74
PURCHASED AT 10.940 FOR REINVESTMENT	13,338.99	13,338.99	13,338.99	
SOLD AT 10.920	23,572.93	22,090.29	23,572.93	1,482.64
PURCHASED AT 11.040 FOR REINVESTMENT	10,727.18	10,727.18	10,727.18	
PURCHASED AT 10.890 FOR REINVESTMENT	6,981.46	6,981.46	6,981.46	

FOR THE PERIOD 01/01/09
THROUGH 12/31/09

SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
HENRY H. OTTENS PENSION PLAN
WACHOVIA BANK, N.A.
TRUSTEE

PAGE 38
ACCOUNT # 1540027879

PLAN NUMBER: 001

EIN NUMBER: 23-1404595

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED AT 10.890 FOR REINVESTMENT	25,098.01	25,098.01	25,098.01	
TOTAL	759,623.46	756,203.74	759,623.46	3,419.72
TOTAL MUTUAL FUNDS - FIXED TAXABLE	759,623.46	756,203.74	759,623.46	3,419.72
MUTUAL FUNDS - EQUITY				
T ROWE PRICE EQUITY INCOME FD				
PURCHASED AT 15.290	3,163.80	3,163.80	3,163.81	
PURCHASED AT 13.970	111,055.97	111,055.97	111,055.97	
PURCHASED AT 11.994	4.21	4.21	4.20	
PURCHASED AT 14.780 FOR REINVESTMENT	5,839.42	5,839.42	5,839.42	
SOLD AT 15.190	23,614.89	32,558.01	23,614.89	8,943.12-
SOLD AT 17.060	23,616.95	28,991.74	23,616.94	5,374.79-
SOLD AT 17.500	66,804.43	79,946.00	66,804.41	13,141.57-
PURCHASED AT 16.990 FOR REINVESTMENT	4,205.19	4,205.19	4,205.19	
SOLD AT 19.070	23,620.82	25,914.45	23,620.83	2,293.63-
SOLD AT 19.140	6,524.56	7,131.92	6,524.56	607.36-
PURCHASED AT 19.900	38,189.40	38,189.40	38,189.39	
PURCHASED AT 20.190 FOR REINVESTMENT	4,258.03	4,258.03	4,258.03	

FOR THE PERIOD 01/01/09
THROUGH 12/31/09

SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
HENRY H. OTTENS PENSION PLAN
WACHOVIA BANK, N.A.
TRUSTEE

PAGE 39
ACCOUNT # 1540027879

PLAN NUMBER: 001

EIN NUMBER: 23-1404595

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED AT 20.820 FOR REINVESTMENT	4,752.23	4,752.23	4,752.23	
TOTAL	315,649.90	346,010.37	315,649.87	30,360.47-
TOTAL MUTUAL FUNDS - EQUITY	315,649.90	346,010.37	315,649.87	30,360.47-
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		2,719,747.61		

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008
TOGETHER WITH INDEPENDENT AUDITORS' REPORT

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

INDEX TO FINANCIAL STATEMENTS

	Page
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS:	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - As of December 31, 2009 and 2008	3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - For the Years Ended December 31, 2009 and 2008	4
NOTES TO FINANCIAL STATEMENTS	5 - 12
SUPPLEMENTAL SCHEDULES:	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - As of December 31, 2009	13
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS – For the Year Ended December 31, 2009	14



ZOOK DINON PA
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Henry H. Ottens Manufacturing Company, Inc. Employees' Pension Plan

We were engaged to audit the financial statements and supplemental schedules of the Henry H. Ottens Manufacturing Company, Inc. Employees' Pension Plan as of December 31, 2009, and for the year then ended, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Wachovia Bank, N.A., the trustee of the Plan. Their report, dated August 5, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were 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.

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 3, which was certified by Wells Fargo Bank, N.A. (formerly Wachovia Bank, N.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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 year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.



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CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Because of the significance of the information in the Plan's 2009 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and schedules taken as a whole. The form and content of the information included in the 2009 financial statements and schedules, other than that derived from the information certified by the trustee, 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 Income Security Act of 1974.

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September 30, 2010

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31	
	2009	2008
<u>ASSETS</u>		
Investments, at fair value:		
Money market funds	\$ 24,000	\$ -
Shares of registered investment companies	6,467,879	5,093,970
	<u>6,491,879</u>	<u>5,093,970</u>
Receivables:		
Company contributions receivable	400,000	177,792
Accrued income	-	3,176
	<u>400,000</u>	<u>180,968</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,891,879</u>	<u>\$ 5,274,938</u>

See accompanying notes.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended December 31	
	2009	2008
ADDITIONS:		
Company contributions	\$ 800,049	\$ 327,841
Net appreciation in fair value of investments	886,666	-
Investment income	227,343	357,881
Total additions	1,914,058	685,722
DEDUCTIONS:		
Net depreciation in fair value of investments	-	2,563,617
Benefits paid directly to participants	297,117	283,460
Total deductions	297,117	2,847,077
NET INCREASE (DECREASE)	1,616,941	(2,161,355)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	5,274,938	7,436,293
End of year	\$ 6,891,879	\$ 5,274,938

See accompanying notes.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN:

The following description of the Henry H. Ottens Manufacturing Company, Inc. Employees' Pension Plan (the "Plan") provides only general information. Information about the Plan, vesting and benefit provisions is contained in the Plan Document and Summary Plan Description, which are available to participants from the plan administrator. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General -

The Plan is a non-contributory defined benefit pension plan covering employees of Henry H. Ottens Manufacturing Company, Inc. ("the Company") who are not excluded employees as defined by the Plan's provisions. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employees were eligible to participate in the Plan if they attained the age of 21 and completed one year of service as of January 1, 2008. Effective January 1, 2008, the Plan was amended to suspend any future employees from participation in the Plan. However, all existing Plan participants as of January 1, 2008 will continue to accrue benefits, service, including service for vesting purposes, and other rights and benefits that may be granted to participants under the terms of the Plan.

Pension Benefits -

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) based on the participant's average compensation and years of credited service as defined by the Plan's provisions. The Plan permits early retirement at ages 60 to 64 with fifteen years of service.

Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering five years of service, they forfeit the right to receive monthly pension benefits.

Funding Requirements -

The Company's funding policy is to make annual contributions to the Plan not less than the amount required to meet the minimum funding requirements prescribed by law, based on the actuarial method used by the enrolled actuary of the Plan.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Plan Termination -

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All other benefits accrued under the Plan.

Administrative Expenses -

Substantially all Plan expenses are paid by the Company.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting -

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Risks and Uncertainties -

The Plan invests in a combination of investment securities which are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition -

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits -

Accumulated plan benefits are those future payments that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan are based on the participant's average compensation and number of years of credited service, as defined. The actuarial present value of accumulated plan benefits is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the date as of which the benefit information is presented and the expected date of payment.

Use of Estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Subsequent Events -

The Company has evaluated subsequent events through September 30, 2010, the date the audited financial statements were available to be issued.

3. INVESTMENTS – CERTIFIED FINANCIAL INFORMATION:

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information, certified to by the trustee to be complete and accurate for the years ended December 31, 2009 and 2008, respectively, was relied upon in the preparation of the financial statements and supplemental schedules as of and for the years ended December 31, 2009 and 2008.

- a. Investment amount included in the Statements of Net Assets Available for Benefits.
- b. Net appreciation (depreciation) in fair value of investments and investment income included in the Statements of Changes in Net Assets Available for Benefits.

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 investments represent 5% or more of the Plan's net assets as of:

	December 31	
	2009	2008
Evergreen Funds Small-Mid Cap Growth Fund	\$ 337,912	\$ 264,964
Evergreen Funds International Equity Fund	649,993	511,903
T. Rowe Price Equity Income Fund	1,002,284	767,383
Evergreen Funds Strategic Growth Fund	990,434	775,182
Dreyfus Small Cap Equity Fund	335,882	267,270
PIMCO Total Return Fund	3,151,374	2,507,268

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS:

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820 *Fair Value Measurements and Disclosures* ("Topic 820") establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Topic 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Money market funds: Valued at the quoted market price reported on the active market on which the individual funds are traded on the last business day of the Plan year.

Shares of registered investment companies: Valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 24,000	\$ -	\$ -	\$ 24,000
Shares of registered investment companies	6,467,879	-	-	6,467,879

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Shares of registered investment companies	\$ 5,093,970	\$ -	\$ -	\$ 5,093,970

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

5. ACCUMULATED PLAN BENEFITS:

The accumulated plan benefit information as of the end of each plan year is as follows:

	As of January 1	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested:		
Participants currently receiving payments	\$ 2,400,452	\$ 2,642,683
Terminated participants entitled to deferred benefits	578,874	540,457
Other participants	3,149,006	3,017,283
	6,128,332	6,200,423
Nonvested	164,863	155,843
	<u>\$ 6,293,195</u>	<u>\$ 6,356,266</u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2008	\$ 6,356,266
Increase (decrease) during the year attributable to:	
Interest	321,589
Benefits accrued during the year	516,936
Benefits paid	(283,460)
Change in statutory discount rates	<u>(618,136)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2009	<u>\$ 6,293,195</u>

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

The significant actuarial assumptions underlying the calculation of the actuarial present value of accumulated plan benefits for the years ended December 31, 2009 and 2008 are as follows:

Mortality rate	1994 Group Annuity Mortality Table
Normal retirement age	Age 65

The 2009 and 2008 valuations both included assumed long-term expected rates of return of 6.25%. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. INCOME TAX STATUS:

The Plan has received a determination letter from the Internal Revenue Service dated April 29, 2002, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving this determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

SUPPLEMENTAL SCHEDULES

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009, E.I.N. 23-1404595, P.I.N. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Evergreen Money Market Fund	Money Market Fund	\$ 24,000	\$ 24,000
	PIMCO Total Return Fund	Registered Investment Company	2,988,697	3,151,374
	Dreyfus Small Cap Equity Fund	Registered Investment Company	340,230	335,882
*	Evergreen Strategic Growth Fund	Registered Investment Company	1,005,348	990,434
*	Evergreen Small-Mid Cap Growth Fund	Registered Investment Company	321,674	337,912
	T. Rowe Price Equity Income Fund	Registered Investment Company	996,886	1,002,284
*	Evergreen International Equity Fund	Registered Investment Company	744,481	649,993

* Party-in-interest.

HENRY H. OTTENS MANUFACTURING COMPANY, INC.
EMPLOYEES' PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2009, E.I.N. 23-1404595, P.I.N. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Wells Fargo	Evergreen Money Market Fund Cl I (Series of Transactions)	\$ 820,767	\$ -	\$ 820,767	\$ 820,767	\$ -
Wells Fargo	Evergreen Money Market Fund Cl I (Series of Transactions)	\$ -	\$ 796,767	\$ 796,767	\$ 796,767	\$ -
PIMCO	PIMCO Total Return Fund Inst Cl (Series of Transactions)	\$ 613,046	\$ -	\$ 613,046	\$ 613,046	\$ -
PIMCO	PIMCO Total Return Fund Inst Cl (Series of Transactions)	\$ -	\$ 146,577	\$ 143,157	\$ 146,577	\$ 3,420
T. Rowe Price	T. Rowe Price Equity Income Fd (Series of Transactions)	\$ 171,468	\$ -	\$ 171,468	\$ 171,468	\$ -
T. Rowe Price	T. Rowe Price Equity Income Fd (Series of Transactions)	\$ -	\$ 144,182	\$ 174,542	\$ 144,182	\$ (30,360)

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.