Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FOUR SEASONS SOLAR PRODUCTS LLC 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/1980

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
FOUR SEASONS SOLAR PRODUCTS LLC

5005 VETERANS MEMORIAL HIGHWAY
HOLBROOK, NY 11741

2b Employer Identification Number (EIN)
74-3007447

2c Sponsor's telephone number
631-563-4000

2d Business code (see instructions)
221100

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	ROBERT A. LOHSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	ROBERT A. LOHSEN VP FINANCE
	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")
FOUR SEASONS SOLAR PRODUCTS LLC

5005 VETERANS MEMORIAL HIGHWAY
HOLBROOK, NY 11741

3b Administrator's EIN
74-3007447

3c Administrator's telephone number
631-563-4000

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	151
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**	118
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	146
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	146
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	146
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
FOUR SEASONS SOLAR PRODUCTS LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOUR SEASONS SOLAR PRODUCTS LLC

D Employer Identification Number (EIN)
74-3007447

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

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

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

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

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORDKEEPER	825	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33	SECURITIES BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
MFS 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(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.
ROYCE 745 FIFTH AVENUE NEW YORK, NY 10151	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
FEDERATED 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
BUFFALO C/O U.S BANK CORP FUND SERVICES P.O BOX 701 MILWAUKEE, WI 53201	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(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.
COLUMBIA 245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
ROYCE 745 FIFTH AVENUE NEW YORK, NY 10151	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(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.
MFS 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(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.
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
COLUMBIA 245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(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.
FEDERATED 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0

(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.
BUFFALO C/O U.S BANK CORP FUND SERVICES P.O BOX 701 MILWAUKEE, WI 53201	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
FOUR SEASONS SOLAR PRODUCTS LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOUR SEASONS SOLAR PRODUCTS LLC

D Employer Identification Number (EIN)
74-3007447

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6974	
(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)	219052	229854
(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)	6216572	6633081
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	6442598	6862935
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6442598	6862935

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	25302	
	(B) Participants	2a(1)(B)	328861	
	(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)		354163
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
	(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)	13240	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13242
	(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)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		983720
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1351125
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	902072	
(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)		902072
f Corrective distributions (see instructions)	2f		-4535
g Certain deemed distributions of participant loans (see instructions)	2g		28119
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	4307	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	825	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5132
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		930788
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		420337
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: EICHEN & DIMEGLIO PC (2) EIN: 11-3320902

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
FOUR SEASONS SOLAR PRODUCTS LLC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOUR SEASONS SOLAR PRODUCTS LLC

D Employer Identification Number (EIN)
74-3007447

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOUR SEASONS SOLAR PRODUCTS LLC
401(k) PLAN AND TRUST

Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008, Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2009, Supplemental Schedule for the Year Ended December 31, 2009 and Independent Auditors' Report

EICHEN & DIMEGLIO, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

1 Dupont Street, Suite 203
Plainview, New York 11803

Tel. (516) 576-3333
Fax (516) 576-3342

INDEPENDENT AUDITORS' REPORT

Four Seasons Solar Products LLC 401(k) Plan and Trust:

We were engaged to audit the accompanying statements of net assets available for benefits of Four Seasons Solar Products LLC 401(k) Plan and Trust (the "Plan") as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of assets (held at end of year) - December 31, 2009. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Eichen & Dimeglio, P.C.

October 4, 2010

FOUR SEASONS SOLAR PRODUCTS LLC 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
INVESTMENTS, participant-directed, at fair value	$ 6,862,935	$ 6,442,598
EMPLOYER CONTRIBUTIONS RECEIVABLE	0	12,631
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,862,935	$ 6,455,229

See notes to financial statements.

FOUR SEASONS SOLAR PRODUCTS LLC 401(k) PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2009

NET ASSETS AVAILABLE FOR BENEFITS, JANUARY 1, 2009	$ 6,455,229
ADDITIONS TO NET ASSETS:	
Contributions from participants	328,861
Employer matching contributions	12,671
Net appreciation in fair value of investments	883,516
Interest and dividend income	100,206
Interest on participant loans	13,240
Total additions	1,338,494
DEDUCTIONS FROM NET ASSETS:	
Benefits paid to participants	(925,656)
Administrative expenses	(5,132)
Total deductions	(930,788)
NET INCREASE IN ASSETS	407,706
NET ASSETS AVAILABLE FOR BENEFITS, DECEMBER 31, 2009	$ 6,862,935

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

1. PLAN DESCRIPTION

Background - The Four Seasons Solar Products LLC 401(k) Plan and Trust (the "Plan") is a defined contribution plan as described in the Internal Revenue Code ("IRC") section 401(k) sponsored by Four Seasons Solar Products LLC (the "Company"). The Plan was adopted on January 1, 1987 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). State Street Bank and Trust Company is the trustee of the Plan. Diversified Investment Advisors, the recordkeeper of the Plan, is a division of Transamerica Financial Life Insurance Company, a member of the AEGON group of companies, which also includes fund manager Transamerica Asset Management Group. The Plan's investments include Transamerica Partners Institutional Funds.

Plan Amendment and Restatement - Effective February 1, 2009 the employer matching contribution provision in the Plan was amended from a stated match formula to a discretionary employer match. Effective December 2009 the Company adopted restated prototype plan documents which had been amended to comply with numerous tax law changes.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

Eligibility - The Plan is available to employees of the Company, excluding those who are represented by a bargaining unit for collective bargaining purposes and leased employees, who have attained age 21 and completed two months of service. An eligible employee may elect participation in the Plan as of the first day of the following January, April, July or October.

Contributions and Vesting - Participants in the Plan may make salary deferral contributions, subject to section 401(k) maximum limitations.

An eligible employee may make a transfer to the Plan of a benefit from a qualified retirement plan of another employer, referred to as rollover contributions, with certain restrictions.

Through January 31, 2009, the Plan provided for employer matching contributions of 50 percent of salary deferral contributions for participants with less than five years of service, 75 percent of salary deferral contributions for participants with five or more but less than ten years of service, and 100 percent of salary deferral contributions for participants with ten or more years of service. Such matching contributions were limited to 6 percent of salary, as defined in the Plan. In connection with the amendment of the Plan effective February 1, 2009 to change the employer matching contribution formula to discretionary, the Company elected to suspend matching contributions as of such date.

Participants are fully and immediately vested in their own contributions and earnings thereon. Vesting in Company contributions and the earnings thereon occurs at the rate of 20 percent after two years of service, 50 percent after three years of service, 75 percent after four years of service and 100 percent after five years of service. In addition, participants become fully vested in Company contributions upon attainment of normal retirement age (age 65), total disability, as defined in the Plan, death, or the termination of the Plan.

Forfeitures - When participants terminate employment prior to full vesting, the nonvested amounts in their individual accounts, referred to as forfeitures, may be used to reduce Company contributions or to pay expenses of the Plan. During 2009 approximately $10,800 in forfeitures was used to reduce employer contributions.

Distributions to Participants - Distributions to participants are available upon the following events: retirement, termination of employment, the attainment of age 59 1/2, or death. A participant's benefit, consisting of his/her entire account balance, is paid in the form of a qualified joint and survivor annuity, unless the participant elects, with spousal consent, to receive the distribution in a single lump sum payment or installment distribution. Payment shall be made as soon as administratively feasible following the event, provided, however, that the participant's consent is obtained for distributions of amounts in excess of $1,000. A participant with an account balance in excess of $1,000 may elect to defer payment until minimum distribution rules apply under the IRC.

The Plan also provides for hardship withdrawals to participants meeting certain requirements as described in the Plan agreement.

Participant Loans - The Plan provides for loans to participants subject to rules described in the Plan agreement. Loans to participants bear interest at the rate of 4.25 percent to 9.25 percent per annum and are payable in various biweekly installments over periods of 1 to 5 years.

Administrative Costs - Certain Plan expenses are deducted from participant accounts or investment income. The Company pays the remainder of administrative costs on behalf of the Plan. In accordance with Plan provisions, the Company may, at any time, elect to have all of such expenses paid by the Plan.

Termination - The Company intends to continue the Plan indefinitely, but reserves the right to modify or discontinue it at its discretion, subject to applicable provisions of ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The Plan's policy is to prepare financial statements on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further information regarding fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Net appreciation (depreciation) in fair value includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties - The Plan provides for various investment options, including mutual fund accounts with underlying investments in any combination of stocks, bonds, fixed income securities, other mutual funds and other investment securities. Investment securities are exposed to interest rate, market and credit risk. As a result of 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 at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

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

Subsequent Events - The Company has evaluated subsequent events through October 4, 2010, the date the financial statements were available to be issued.

3. INCOME TAX STATUS

In March 2008, the Internal Revenue Service stated in an opinion letter that the prototype plan adopted by the Plan administrator was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the opinion letter, however, the Plan administrator and management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, they believe that the Plan was qualified and the related trust is tax-exempt.

4. INVESTMENTS

Investments, all of which are participant-directed and stated at fair value, consisted of the following at December 31, 2009 and 2008:

	2009	2008
Mutual funds	$ 6,633,081	$ 6,216,572
Interest-bearing cash	0	6,974
Participant loans	229,854	219,052
Total	$ 6,862,935	$ 6,442,598

The following information included in the accompanying financial statements and supplemental schedule of assets held at end of year was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

Transamerica Partners Institutional Funds:	December 31, 2009		December 31, 2008	
Money Market Fund	$ 1,364,946	*	$ 2,099,358	*
Core Bond Fund	373,666	*	292,080	
High Quality Bond Fund	120,189		98,800	
High Yield Bond Fund	46,549		415	
Asset Allocation Intermediate/Long Horizon Fund	326,197		260,313	
Asset Allocation Intermediate Horizon	189,062		179,138	
International Equity Fund	334,130		267,453	
Large Core Fund	458,908	*	605,088	*
Large Growth Fund	202,888		100,528	
Asset Allocation Long Horizon Fund	147,170		124,592	
Large Value Fund	245,111		178,957	
Mid Growth Fund	277,032		201,589	
Mid Value Fund	23,915		6,617	
Asset Allocation Short Horizon	698,353	*	591,110	*
Asset Allocation Short/Intermediate Fund	20,910		63,457	
Small Core Fund	192,781		190,745	
Stock Index Fund	372,747	*	342,720	*
Other mutual funds:				
American Funds Fundamental Fund	150,912		13,503	
American Funds Growth Fund of America	126,074		17,599	
Buffalo Funds Small Cap Fund	71,690		15,863	
Columbia Acorn Fund	24,737		11,494	
Federated Capital Appreciation Fund	95,020		36,751	
Federated Mid-Cap Index Fund	357,453	*	245,880	
MFS New Discovery Fund	82,679		43,103	
Royce Low Price Stock Fund	329,962		229,419	
Total mutual funds	$ 6,633,081		$ 6,216,572	
Interest-bearing cash:				
Cash Reserve of State Street Bank and Trust Co.	$ 0		6,974	
Participant loans:				
Participant loans, outstanding principal balance	$ 229,854		219,052	

* Such individual investments represent 5 percent or more of net assets available for benefits.

The following information included in the accompanying financial statements and supplemental schedule of assets held at end of year was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

	Year Ended December 31, 2009
Investment income:	
Net appreciation in fair value of investments	$ 883,516
Interest and dividend income	$ 100,206
Interest on participant loans	$ 13,240

A brief description of each of the Plan's investment funds follows:

Transamerica Partners Institutional Money Market Fund - This fund invests in commercial paper, short-term corporate notes, certificates of deposit and short-term United States government securities.

Transamerica Partners Institutional Core Bond Fund - The investment seeks to achieve maximum long- term total return. The fund invests primarily in investment grade debt securities and U.S. government obligations. The fund invests at least 80 percent of its assets in bonds and related investments. It also invests in securities of foreign issuers.

Transamerica Partners Institutional High Quality Bond Fund - The investment seeks to provide a high risk-adjusted return while focusing on the preservation of capital. The fund primarily invests in a diverse portfolio of high quality bonds and other debt securities with short and intermediate maturities. Under normal circumstances, it invests at least 80 percent of net assets in high quality bonds and related investments.

Transamerica Partners Institutional High Yield Bond Fund - The investment seeks to provide a high risk-adjusted return while focusing on the preservation of capital. The fund primarily invests in a diverse portfolio of high-yielding, income producing debt securities and preferred stocks. Under normal circumstances, it invests at least 80 percent of net assets in high-yield bonds and related investments.

Transamerica Partners Asset Allocation Intermediate/Long Horizon Fund - The investment seeks long-term returns from growth of capital and growth of income. This mutual fund invests in other mutual funds rather than investing directly in securities. It invests the majority of assets in equity and fixed-income funds.

Transamerica Partners Asset Allocation Intermediate Horizon Fund - The investment seeks total return. This mutual fund invests in other mutual funds rather than investing directly in securities. It normally invests substantially all assets in underlying funds and the money market fund.

Transamerica Partners Institutional International Equity Fund - The investment seeks long-term capital appreciation. The fund normally invests at least 80 percent of assets in foreign equities. It maintains investments in a minimum of three foreign countries, and it may also invest in emerging markets.

Transamerica Partners Institutional Large Core Fund - The investment seeks current income and capital appreciation. The fund invests at least 80 percent of net assets in securities of large cap companies and related investments, using the Russell 1000 index as a guideline.

Transamerica Partners Institutional Large Growth Fund - The investment seeks capital appreciation; current income is secondary. The fund invests primarily in common stocks of companies that its advisers believe have the potential for above average growth in earnings. Under normal circumstances the fund invests at least 80 percent of net assets in equity securities and related investments.

Transamerica Partners Asset Allocation Long Horizon Fund - The investment seeks long-term returns from growth of capital and growth of income. This mutual fund normally invests all of its assets in Stock funds. Under severe market conditions the fund may invests all of its assets in the Money Market Fund.

Transamerica Partners Institutional Large Value Fund - The investment seeks current income; capital appreciation is secondary. The fund invests primarily in stocks of companies which, in the opinion of the fund's advisers, are fundamentally sound financially and low-priced. The fund invests primarily in securities of large-cap companies.

Transamerica Partners Institutional Mid Growth Fund - The investment seeks maximum return. The fund normally invests at least 80 percent of its net assets in securities of medium sized companies. It primarily invests in stocks of companies which the fund's advisors believe have the potential to deliver earnings growth in excess of the market average, or to become market leaders. The fund may also invest in foreign securities.

Transamerica Partners Institutional Mid Value Fund – The investment seeks a high total investment return. The fund primarily invests in securities of medium-sized companies. The fund may also invest in foreign securities.

Transamerica Partners Asset Allocation Short Horizon Fund – This fund seeks income and preservation of capital. This mutual fund invests in fixed-income and equity funds.

Transamerica Partners Asset Allocation Short/Intermediate Horizon Fund - The investment seeks to achieve reasonable returns with considerably less than average volatility as compared to other balance funds. This mutual fund invests in a combination of the funds. It invests approximately 70 percent of assets in Bond funds and about 30 percent of assets in Stock funds.

Transamerica Partners Institutional Small Core Fund - The investment seeks capital appreciation. The fund invests at least 80 percent of assets in stocks of companies with small to medium market capitalizations that the advisors believe have above average growth potential, using the Russell 2000 index as a guideline.

Transamerica Partners Institutional Stock Index Fund - The investment seeks to match the performance of the Standard & Poor's 500 index. The fund normally invests at least 90 percent of assets in stock comprising S&P 500 index. In attempting to match the return of the S&P 500 index, it invests approximately the same percentage of assets in each stock as the stock represent in the index. The fund invests in securities through an underlying mutual fund.

American Funds Fundamental Fund – This investment seeks long-term growth of capital and income. The fund invests primarily in common stocks and may invest in securities of issuers domiciled outside the United States. It may also hold cash or money market instruments.

American Funds Growth Fund of America – This investment seeks capital growth by investing in common stocks. The fund primarily invests in high potential growth companies. It may invest up to 25 percent of its assets in securities of issuers domiciled outside the United States. It may also hold cash or money market instruments.

Buffalo Funds Small Cap Fund – This investment primarily invests in domestic common stocks, preferred stocks, convertible preferred stock warrants and rights of small-cap companies. The fund targets companies with individual market capitalizations of $2 billion or less at the time of initial purchase.

Columbia Acorn Fund – This fund seeks long-term capital appreciation. The fund managers invest primarily in small and mid-sized companies with market capitalization under $5 billion at the time of investment. It may also invest up to 33 percent of total assets in foreign companies in developed markets and in emerging markets.

Federated Capital Appreciation Fund - The investment seeks capital appreciation. The fund normally invests primarily in common stock of companies of domestic companies with large and medium market capitalizations that offer superior growth prospects or of companies whose stock is undervalued. It may also invest in common stocks of foreign issuers, including American Depository Receipts (ADRs).

Federated Mid-Cap Index Fund - The investment seeks investment results generally corresponding to the aggregate price and dividend performance of the S&P 400 Mid-Cap index. The fund normally invests assets primarily in common stocks included in the S&P 400. It attempts to achieve a 0.95 or better correlation between the performance of the fund, before expenses, and that of the S&P 400.

MFS New Discovery Fund - The investment seeks capital appreciation. The fund invests in the stock of companies it believes to have above-average earnings growth potential compared to other companies. It may invest in companies of any size, while generally focuses on companies with small capitalizations. The fund may invest in foreign securities and derivatives.

Royce Low Price Stock Fund - The investment seeks long-term growth of capital. The fund normally invests at least 80 percent of assets in low-priced equity securities with a market price less than $25 per share. At least 65 percent of these securities may be issued by small and micro-cap companies with market capitalization less than $2.5 billion. It may also invest up to 25 percent of assets in foreign securities.

5. FAIR VALUE MEASUREMENTS

The Financial Statement Accounting Board Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, establishes the 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 FASB ASC 820 are described as follows:

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 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.

The 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.

Mutual funds - Investments in mutual funds held by the Plan include funds valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Mutual funds held by the Plan also include Transamerica Partner Institutional Funds, which hold underlying investments classified as Level 1 or Level 2 inputs according to disclosure in the funds' annual reports. Amounts disclosed in the table below for the Plan's investment in such institutional funds are reflected in the same proportions as the fair value disclosure in the funds' annual reports. For the year ended December 31, 2009, net appreciation in fair value of investments of $883,516 resulted from investments in mutual funds.

Participant loans - Participant loans are valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,430,664	$ 2,202,417	$ 0	$ 6,663,081
Participant loans	0	0	229,854	$ 229,854
Total assets at fair value	$ 4,430,664	$ 2,202,417	$ 229,854	$ 6,862,935

Assets at Fair Value as of December 31, 2008

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,245,832	$ 3,970,740	$ 0	$ 6,216,572
Interest-bearing cash	6,974	0	0	6,974
Participant loans	0	0	219,052	$ 219,052
Total assets at fair value	$ 2,252,806	$ 3,970,740	$ 219,052	$ 6,442,598

The change in the fair value of participant loans, a level 3 asset, from $219,052 as of December 31, 2008 to $229,854 as of December 31, 2009 resulted from loan issuances net of loan repayments.

FOUR SEASONS SOLAR PRODUCTS LLC 401(k) PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - DECEMBER 31, 2009

EIN - 74-3007447 PLAN NO.-002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual funds:			
*	Transamerica Partners	Money Market Fund	N/A	$ 1,364,946
*	Transamerica Partners	Core Bond Fund	N/A	373,666
*	Transamerica Partners	High Quality Bond Fund	N/A	120,189
*	Transamerica Partners	High Yield Bond Fund	N/A	46,549
*	Transamerica Partners	Intermediate / Long Horizon Fund	N/A	326,197
*	Transamerica Partners	Intermediate Horizon Fund	N/A	189,062
*	Transamerica Partners	International Equity Fund	N/A	334,130
*	Transamerica Partners	Large Core Fund	N/A	458,908
*	Transamerica Partners	Large Growth Fund	N/A	202,888
*	Transamerica Partners	Long Horizon Fund	N/A	147,170
*	Transamerica Partners	Large Value Fund	N/A	245,111
*	Transamerica Partners	Mid Growth Fund	N/A	277,032
*	Transamerica Partners	Mid Value Fund	N/A	23,915
*	Transamerica Partners	Short Horizon Fund	N/A	698,353
*	Transamerica Partners	Short/Intermediate Horizon Fund	N/A	20,910
*	Transamerica Partners	Small Core Fund	N/A	192,781
*	Transamerica Partners	Stock Index Fund	N/A	372,747
	American Funds	American Fundamental Fund	N/A	150,912
	American Funds	American Growth Fund of America	N/A	126,074
	Buffalo Funds	Buffalo Small Cap Fund	N/A	71,690
	Columbia Funds	Columbia Acorn Fund	N/A	24,737
	Federated Funds	Federated Capital Appreciation	N/A	95,020
	Federated Funds	Federated Mid-Cap Index Fund	N/A	357,453
	MFS Family of Funds	MFS New Discovery Fund	N/A	82,679
	Royce Funds	Royce Low Price Fund	N/A	329,962
	Total mutual funds			6,633,081

FOUR SEASONS SOLAR PRODUCTS LLC 401(k) PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - DECEMBER 31, 2009 (continued)

EIN - 74-3007447 PLAN NO.-002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Participant loans:			
	Participant loans	4.25 percent to 9.25 percent	$0	229,854
	Total investments			$ 6,862,935

* An asterisk indicates a party-in-interest. Diversified Investment Advisors, the recordkeeper of the Plan, is a division of Transamerica Financial Life Insurance Company, a member of the AEGON group of companies, which also includes fund manager Transamerica Asset Management Group.

Schedule C, Line 2(h) Formula Descriptions

Four Seasons Solar Products LLC 401(k) Plan and Trust
EIN No.: 74-3007447, Plan No. 003
Plan Year Ending: 12/31/2009

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

Diversified Investment Advisors (13-3689044)
National Financial Services (04-3523567)
Mid Atlantic Capital Corporation (25-1409618)

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Diversified Investment Advisors	Revenue to National Financial Services	Revenue to Mid Atlantic Capital Corporation
MFS	MFS NEW DISCOVERY CLASS A	1/1/2009	12/31/2009	43.515	1.485	
FEDERATED	FEDERATED MID-CAP INDEX FUND	1/1/2009	12/31/2009	29.01	0.99	
FEDERATED	FEDERATED CAPITAL APPRECIATION	1/1/2009	12/31/2009	33.845	1.155	
ROYCE	ROYCE LOW-PRICED STOCK FUND	1/1/2009	12/31/2009	38.68	1.32	
COLUMBIA	COLUMBIA ACORN A	1/1/2009	12/31/2009	48.35	1.65	
AMERICAN FUNDS	AMERICAN GRWTH FUND OF AMERICA	1/1/2009	12/31/2009	62.855	2.145	
AMERICAN FUNDS	AMERICAN FUNDAMENTAL INVESTORS	1/1/2009	12/31/2009	62.855	2.145	
BUFFALO	BUFFALO SMALL CAP	1/1/2009	12/31/2009	38.68	1.32	

Schedule C, Line 2(h) Formula Descriptions

Four Seasons Solar Products LLC 401(k) Plan and Trust
EIN No.: 74-3007447, Plan No. 003
Plan Year Ending: 12/31/2009

Diversified Investment Advisors (13-3689044) also receives revenue sharing in the form of dealer concessions (Finder's Fees) on the following funds:

Fund Family	Fund Name	Formula for Calculating the Dealer Concessions
NSCC - COLUMBIA	COLUMBIA ACORN A	Up to 1% of net assets deposited into this fund.

Four Seasons Solar Products LLC 401(k) Plan & Trust
EIN No.: 74-3007447, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value		(e) CURRENT VALUE
	American Funds	Fundamental Fund	$	150,912
	American Funds	Growth Fund of America		126,074
	Buffalo	Small Cap Fund		71,690
	Columbia	Acorn Fund		24,737
	Federated	Cap Appreciation Fund		95,020
	Federated	Mid Cap Index Fund		357,453
	MFS	New Discovery Fund		82,679
	Royce	Low Price Fund		329,962
	Transamerica Partners Funds Group	Core Fund		373,666
	Transamerica Partners Funds Group	High Quality Bond Fund		120,189
	Transamerica Partners Funds Group	High Yield Bond Fund		46,549
	Transamerica Asset Allocation Funds	Intermediate/Long Horizon Asset Allocation Fund		326,197
	Transamerica Asset Allocation Funds	Intermediate Horizon Asset Allocation Fund		189,062
	Transamerica Partners Funds Group	International Equity Fund		334,130
	Transamerica Partners Funds Group	Large Core Fund		458,908
	Transamerica Partners Funds Group	Large Growth Fund		202,888
	Transamerica Asset Allocation Funds	Long Horizon Asset Allocation Fund		147,170
	Transamerica Partners Funds Group	Large Value Fund		245,111
	Transamerica Partners Funds Group	Mid Cap Growth Fund		277,032
	Transamerica Partners Funds Group	Mid Cap Value Fund		23,915
	Transamerica Partners Funds Group	Money Market Fund		1,364,946
	Transamerica Asset Allocation Funds	Short Horizon Asset Allocation Fund		698,353
	Transamerica Asset Allocation Funds	Short/Intermediate Horizon Asset Allocation Fund		20,911
	Transamerica Partners Funds Group	Small Core Fund		192,781
	Transamerica Partners Funds Group	Stock Index Fund		372,747
		Mutual Fund Total	$	6,633,081
*	Participants	Notes Receivable with interest rates of 4.25% to 9.25%	$	229,854
		TOTAL PLAN ASSETS	$	6,862,935

* Indicates Party-In-Interest to the Plan