

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ 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:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan BERRODIN CO., ET AL EMPLOYEE PROFIT SHARING PLAN	1b Three-digit plan number (PN) ►	003	
	1c Effective date of plan	02/27/1993	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BERRODIN COMPANY 790 BURMONT ROAD DREXEL HILL, PA 19026	2b Employer Identification Number (EIN) 23-0406110	2c Sponsor's telephone number 610-259-8700	2d Business code (see instructions) 811190

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.	12/15/2010	JAMES BERRODIN
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BERRODIN COMPANY 790 BURMONT ROAD DREXEL HILL, PA 19026	3b Administrator's EIN 23-0406110 3c Administrator's telephone number 610-259-8700
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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	242
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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	206
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	62
d Subtotal. Add lines 6a , 6b , and 6c	6d	268
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	270
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	270
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	
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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:
 2E 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) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010		
<div>A</div> <div>Name of plan</div> <div>BERRODIN CO., ET AL EMPLOYEE PROFIT SHARING PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>	
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>BERRODIN COMPANY</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>23-0406110</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div>
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1	Coverage Information:
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<div>(a)</div> <div>Name of insurance carrier</div> <div>PROVIDENT MUTUAL INSURANCE COMPANY</div>

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-0990450	68225	PT028480	5	03/01/2009	02/28/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ PUBLISHED RATES OF INSURANCE CARRIE		
b	Premiums paid to carrier	6b	19107
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	
d	Total of balance and additions (add b and c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <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>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

<div>A</div> Name of plan BERRODIN CO., ET AL EMPLOYEE PROFIT SHARING PLAN	<div>B</div> Three-digit plan number (PN) ▶ 003
<div>C</div> Plan sponsor's name as shown on line 2a of Form 5500 BERRODIN COMPANY	<div>D</div> Employer Identification Number (EIN) 23-0406110

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)..... ☐ 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

(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)

KARR BARTH PENSION ADMINISTRATION

40 MONUMENT ROAD
BALA CYNWYD, PA 19004

(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?
15	TPA	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TORRILLO AND ASSOCIATES

36 REGENCY PLAZA
871 BALTIMORE PIKE
GLEN MILLS, PA 19342

(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?
10	AUDITOR	23054	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:	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010		
A Name of plan BERRODIN CO., ET AL EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 BERRODIN COMPANY	D Employer Identification Number (EIN) 23-0406110	

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)	395105	353168
(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)	628152	927084
(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)	0	
(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)	92643	131046
(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)	333408	354174
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	6027841	6140698

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	7477149	7906170

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	15000	15000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15000	15000

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7462149	7891170
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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)	387278	
(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)		387278

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3575	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3575

(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)	24485	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		24485

(3) Rents	2b(3)		
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(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)	258747	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		258747
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		674085

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	177798	
(2) To insurance carriers for the provision of benefits	2e(2)	19107	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		196905
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)	48159	
(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)		48159
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		245064

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		429021
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: **TORRILLO AND ASSOCIATES**

(2) EIN: **83-0414789**

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)

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 03/01/2009 and ending 02/28/2010

A Name of plan <u>BERRODIN CO., ET AL EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BERRODIN COMPANY</u>	D Employer Identification Number (EIN) <u>23-0406110</u>

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): <u>23-0406110</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ 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
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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
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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): _____

Berrodin Co., et al

Employee Profit Sharing Plan and Trust

Financial Statements

**As of and for the Years Ended February 28, 2010 and February 28, 2009
and Supplemental Schedule**

As of February 28, 2010

 **TORRILLO & ASSOCIATES, LLC** 

————— **CERTIFIED PUBLIC ACCOUNTANTS** —————

Berrodin Co., et al
Employee Profit Sharing Plan and Trust
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* All other schedules required by 29 CFR 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (“ERISA”) of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

To the Trustees of the
Berrodin Co., et al Employee Profit Sharing Plan and Trust

We have audited the accompanying statements of net assets available for benefits of the Berrodin Co., et al Employee Profit Sharing Plan and Trust (the “Plan”) as of February 28, 2010 and February 28, 2009 and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan’s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of February 28, 2010 and February 28, 2009, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan’s management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to basic financial statements taken as a whole.



December 10, 2010

Berrodin Co., et al
Employee Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits
As of February 28, 2010 and February 28, 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Cash – interest bearing	\$ 927,084	\$ 628,152
Mutual funds	354,174	333,408
Investments, at estimated fair value:		
Participant loans	131,046	92,643
Annuity contracts	6,140,698	6,027,841
Total investments	<u>7,553,002</u>	<u>7,082,044</u>
Employer contribution receivable	<u>353,168</u>	<u>395,105</u>
Total assets	<u>7,906,170</u>	<u>7,477,149</u>
Liabilities:		
Accrued expenses	<u>15,000</u>	<u>15,000</u>
Total liabilities	<u>15,000</u>	<u>15,000</u>
Net assets available for benefits	<u>\$ 7,891,170</u>	<u>\$ 7,462,149</u>

The accompanying notes are an integral part of these financial statements.

Berrodin Co., et al
Employee Profit Sharing Plan and Trust
Statements of Changes in Net Assets Available for Benefits
For the Years Ended February 28, 2010 and February 28, 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 258,747	\$ 318,502
Interest	3,575	7,670
Dividends	24,485	14,619
	<u>286,807</u>	<u>340,791</u>
Employer contributions	387,278	395,105
Total additions	<u>674,085</u>	<u>735,896</u>
Deductions from net assets attributed to:		
Benefits payments	177,798	71,244
Insurance premium payments	19,107	21,225
Administrative expenses	48,159	16,726
Total deductions	<u>245,064</u>	<u>109,195</u>
Net increase	<u>429,021</u>	<u>626,701</u>
Net assets available for benefits		
Beginning of year	7,462,149	6,835,448
End of year	<u>\$ 7,891,170</u>	<u>\$ 7,462,149</u>

The accompanying notes are an integral part of these financial statements.

Berrodin Co., et al
Employee Profit Sharing Plan and Trust
Notes to Financial Statements
As of and For the Years Ended February 28, 2010 and February 28, 2009

1. Description of Plan

The following brief description of the Berrodin Co., et al (the “Company”) Employee Profit Sharing Plan and Trust (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. Berrodin Co., et al is the Plan Sponsor.

General

The Plan is a defined contribution plan covering employees of the Company who have completed one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Participation

An employee becomes a participant in the Plan on March 1st or September 1st coinciding with or next following the date eligibility requirements are met.

Service Rules

Employees are credited with a year of service for each plan year during which they have at least 1,000 hours of service.

Contributions

Contributions to the plan are at the discretion of the Company, as defined in the Plan document. Participants must be employed at the end of the Plan year to share in the allocation of the Company contribution. Generally, participants, not employed at the end of the Plan year may also share in the allocation of the Company contribution if, during the Plan year, the participant retired, became permanently and totally disabled, or died. Prior to March 1, 2002, participants could contribute after-tax voluntary contributions to the Plan. After March 1, 2002, participants are not permitted to make voluntary after-tax employee contributions. Contributions are subject to certain limitations prescribed by the Internal Revenue Code. Participants, with the consent of the Plan Administrator, may also make rollover contributions to the Plan.

Participant Accounts

Each participant’s account is credited with an allocation of (a) the Plan Sponsor’s contribution, (b) Plan earnings, and (c) forfeitures of terminated participants’ nonvested accounts and charged with an allocation of administrative expenses. Allocations of contributions are based on the participant’s compensation while allocations of Plan earnings, forfeitures and expenses are based on participant’s account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Vesting in the participant’s employer contributions is based on years of continuous service as specified in the Plan document with accounts becoming 100% vested after five years of service. Participants become fully vested in employer contributions upon death or total and permanent disability. The employee salary deferral contribution accounts, which were curtailed after March 1, 2002, are 100% vested at all times.

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Berrodin Co., et al
Employee Profit Sharing Plan and Trust
Notes to Financial Statements
As of and For the Years Ended February 28, 2010 and February 28, 2009

Payment of Benefits

Normal retirement age is 62. Through February 28, 2010, retirement and termination benefit payments may be made (1) in equal annual or more frequent installments to the retiree and after his/her death to a survivor beneficiary until the account balance becomes exhausted, (2) by the purchase of a life annuity contract from an insurance company, (3) by the combination of a life annuity contract and a lump sum, or (4) by a lump sum payment (see Note 9). Hardship and in-service distributions are also permitted from participant accounts.

Life Insurance Contracts

Through February 28, 2010, participants had the right to request that a portion of their Company's contribution be used to pay the premium of a life insurance contract on his/her life (see Note 9). The premiums on these contracts are charged to the participants' account and the value of the life insurance contracts is excluded from the Plan's assets. While no new life insurance policies may be purchased by participants after February 28, 2010, existing life insurance policies previously purchased may continue in the Plan with the participant's account being reduced by the amount of any premiums.

Participant Loans

Loans are available to participants of the Plan and are subject to approval by the Plan administrator. Loans may not exceed \$50,000 or one-half of a participant's vested account balance. Loans bear interest on the unpaid principal, and must be repaid within five years unless the loan is used to acquire a principal residence. Interest is payable at a rate commensurate with local prevailing rates. The minimum loan amount is \$1,000 and participants may only have up to two loans outstanding at any time.

Administrative Costs

Administrative costs, such as for third party administrative and accounting fees are paid by the Plan.

Forfeited Accounts

Forfeitures of terminated participants' non-vested accounts were \$0 for the years ended February 28, 2010 and February 29, 2009. Forfeitures may first be used to pay administrative costs of the Plan and/or to restore previously forfeited balances. Forfeitures may also be used to reduce any Company contributions. Remaining forfeitures are allocated on the last day of the Plan year to eligible participants' accounts. Forfeitures used to offset employer contributions totaled \$14,587 and \$0 for the years ended February 28, 2010 and 2009, respectively.

Berrodin Co., et al
Employee Profit Sharing Plan and Trust
Notes to Financial Statements
As of and For the Years Ended February 28, 2010 and February 28, 2009

2. Summary of Significant Accounting Policies

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting

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

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. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. Net appreciation or depreciation in the fair value of investments consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments.

Cash and Cash Equivalents

Interest-bearing cash consists of cash and interest-bearing deposits. The Plan's cash balances have been kept on deposit primarily at one bank and generally in amounts greater than the limit of insurance provided by the Federal Deposit Insurance Corporation. Interest-bearing cash is stated at cost which approximates fair value.

Investment Fees

Net investment returns reflect certain fees paid by the funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published source. These fees are deducted prior to allocation of the Plans' investment earnings activity and thus not separately identifiable as an expense.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Recently Issued Accounting Guidance

The Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") was approved by the FASB as the single source of authoritative accounting principles generally accepted in the United States of America for interim and annual periods ending after September 15, 2009. Financial statements issued after September 15, 2009 are required to conform references within the financial statements to the relevant FASB ASC references. Additionally, new guidance is now issued through FASB Accounting Standards Updates ("ASU").

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As of and For the Years Ended February 28, 2010 and February 28, 2009

FASB ASC 855, *Subsequent Events*, became effective for interim and annual periods after June 15, 2009 and establishes general standards of accounting for and disclosure of subsequent events (see Note 9).

In April 2009, the FASB issued FASB Staff Position (“FSP”) FAS 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*. FSP FAS 157-4 is codified in FASB ASC 820, *Fair Value Measurements and Disclosures*. This FSP provides additional guidance for estimating fair value when the volume and level of activity for the asset or liability have significantly decreased. This FSP also includes guidance on identifying circumstances that indicate a transaction must be disclosed by major category of assets and liabilities. For equity and debt securities, major category should be defined as major security type as described in FASB ASC 320, *Investments – Debt and Equity Securities*. This FSP is effective for interim and annual reporting periods ending after June 15, 2009, and should be applied prospectively. This FSP does not require disclosures for earlier periods presented for comparative purposes at initial adoption. In periods after initial adoption, this FSP requires comparative disclosures only for periods ending after initial adoption. The Plan has adopted FSP 157-4, see Note 4.

Future Adoption of Accounting Guidance

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements* (ASU No. 2010-06), which primarily requires new disclosures related to the levels within the fair value hierarchy. An entity will be required to disclose transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separately present information related to purchases, sales, issuances and settlements in the reconciliation of fair value measurements classified as Level 3. ASU No. 2010-06 is effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures related to purchases, sales, issuances and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The Plan will include the disclosures as required by ASU No. 2010-06 in the notes to the Plan’s financial statements effective March 1, 2010, except for the disclosures related to the rollforward of activity in Level 3 fair value measurements, which will be included in the notes to the Plan’s financial statements effective March 1, 2011.

3. Investments

All investments, except for participant loans, are non-participant directed. The following table presents the fair value of investments as of February 28, 2010 and February 29, 2009:

	<u>2010</u>	<u>2009</u>
Investments, at fair value:		
Cash – interest bearing	\$ 927,084	\$ 628,152
Mutual funds	354,174	333,408
Investments, at estimated fair value:		
Participant loans	131,046	92,643
Annuity contracts	6,140,698	6,027,841
Total investments	<u>\$ 7,553,002</u>	<u>\$ 7,082,044</u>

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The net appreciation (depreciation) in fair value of investments (including gains and losses on investment bought, sold and held during the year) for each significant class of investments consists of the following for the years ended February 28, 2010 and February 29, 2009:

	<u>2010</u>	<u>2009</u>
Investments, at fair value:		
Mutual funds	\$ 4,027	\$ 5,283
Common stock	0	36,520
Investments, at estimated fair value:		
Annuity contracts	254,720	276,699
	<u>\$ 258,747</u>	<u>\$ 318,502</u>

The annuity contracts at February 28, 2010 and February 29, 2009 had rates of interest ranging from 2.00% to 5.20%. The annuity contracts are obtained through life insurance companies which have the annuitant of the policies being one of the trustees of the Plan with the owner of the policy being the Plan. The annuities and their interest rates are guaranteed by the insurance companies. No specific assets or investments are assigned to the annuities other than the general account of the insurance companies. The annuity contract periods vary but typically are up to five years. The annuity contracts often can be extended by the annuitant. Surrender charges vary by contract but can be up to 10% of the accumulation value of the annuity. However, surrender charges, in most cases, do not apply at the end of a guaranteed period, and for certain annuity contracts the surrender charges decreases as the annuity contract approaches maturity. There were no reserves against the contract value for credit risk of the contract issuer or otherwise. The key factors that influenced future interest rates for the annuity contracts are the following: the level of market interest rates; the amount and timing of contributions and the duration of the guaranteed interest period.

4. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures* provides 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 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.

Berrodin Co., et al
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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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at February 28, 2010 and February 28, 2009.

<i>Mutual funds</i>	Valued based on quoted year-end net asset values of the respective entities, which are adjusted daily.
<i>Interest-bearing cash</i>	Valued at cost and consists of cash held in interest bearing accounts at banks.
<i>Annuity contracts</i>	Valued at contract values supplied by the insurance companies. These values estimate fair value.
<i>Participant loans</i>	Valued at their outstanding loan balance, which approximates fair value.

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 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 February 28, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds (GNMA)	\$ 354,174	\$ 0	\$ 0	\$ 354,174
Interest-bearing cash	927,084	0	0	927,084
Annuity contracts	0	0	6,140,698	6,140,698
Participant loans	0	0	131,046	131,046
Total assets at fair value	<u>\$ 1,281,258</u>	<u>\$ 0</u>	<u>\$6,271,744</u>	<u>\$ 7,553,002</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of February 28, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds (GNMA)	\$ 333,408	\$ 0	\$ 0	\$ 333,408
Interest-bearing cash	628,152	0	0	628,152
Annuity contracts	0	0	6,027,841	6,027,841
Participant loans	0	0	92,643	92,643
Total assets at fair value	<u>\$ 961,560</u>	<u>\$ 0</u>	<u>\$6,120,484</u>	<u>\$ 7,082,044</u>

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The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended February 28, 2010 and 2009:

	<u>Annuity contracts</u>	<u>Participant loans</u>
Balance, beginning of year 2009	\$ 5,299,238	\$ 82,335
Realized gains/(losses)	0	0
Unrealized gains/(losses) relating to instruments still held at the reporting date	276,699	0
Purchases, sales, issuances and settlements (net)	451,904	10,308
Balance, end of year 2009	<u>\$ 6,027,841</u>	<u>\$ 92,643</u>
Realized gains/(losses)	0	0
Unrealized gains/(losses) relating to instruments still held at the reporting date	254,720	0
Purchases, sales, issuances and settlements (net)	(141,863)	38,403
Balance, end of year 2010	<u>\$ 6,140,698</u>	<u>\$ 131,046</u>

5. Plan Termination

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

6. Income Tax Status

The Plan obtained a determination letter on August 5, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirement of the Internal Revenue Code ("IRC").

Effective March 1, 2010 (see Note 9), the Plan, through the adoption of the Karr Barth Pension Administration, Inc. Volume Submitter Profit Sharing Plan was amended and restated. The Internal Revenue Service issued an advisory letter, dated January 31, 2006, stating that the volume submitter profit sharing plan document was designed in accordance with applicable IRC requirements as of that date.

Although the Company has not applied for a new determination letter for the Plan, and the Plan has subsequently been amended, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes the Plan, as amended, is qualified and the related trust is tax-exempt as of February 28, 2010. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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7. Risks and Uncertainties

The Plan provides for investments in various securities, which in general are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

8. Related-Party Transactions

The Plan issues loans to participants, which are secured by the balances in the participants' accounts. Therefore, related transactions qualify as party-in-interest transactions. All other transactions which may be considered parties-in-interest transactions relate to normal plan management and administrative service, and the related payment of fees. Trustees of the plan are also Plan participants.

9. Subsequent Event: Plan Amendment and Restatement

Effective March 1, 2010, the Plan was amended and restated through the adoption of the Karr Barth Pension Administration, Inc. Volume Submitter Profit Sharing Plan. Among other administrative matters, the Plan was amended and restated to:

- (1) Limit the form of distributions to lump-sums and partial withdrawals or installments as permitted for required minimum distributions under Internal Revenue Code Section 401(a)(9).
- (2) Remove the option which permitted participants to purchase life insurance through the Plan; and
- (3) Comply with applicable requirements of the Pension Protection Act, Heart Act, 415 and Regulations.

The Plan has evaluated subsequent events through December 10, 2010, the date the financial statements were available to be issued.

Supplemental Schedule

Berrodin Co., et al
Employee Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
February 28, 2010

EIN: 23-0406110 Plan #: 003				
(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	
First Republic Bank	Cash	\$ 927,084	\$ 927,084	
BlackRock GNMA Instl	Mutual fund	164,953	178,325	
Sunamerica GNMA Fund A	Mutual fund	155,581	175,849	
		320,534	354,174	
EquiTrust	Annuity Contract 1034082F, 5.00%, 7/15/11	77,309	81,174	
EquiTrust	Annuity Contract 1041535F, 5.00%, 7/31/11	64,495	67,720	
EquiTrust	Annuity Contract 1046144F, 5.00%, 9/5/11	264,521	277,747	
EquiTrust	Annuity Contract 1058851F, 4.40%, 12/27/11	71,383	74,524	
EquiTrust	Annuity Contract 1059399F, 4.40%, 1/9/12	109,651	114,476	
EquiTrust	Annuity Contract 1058852F, 4.40%, 12/27/11	36,790	38,409	
EquiTrust	Annuity Contract 1034081F, 5.20%, 7/24/11	37,126	39,057	
EquiTrust	Annuity Contract 1033290F, 5.00%, 6/19/11	90,922	95,468	
EquiTrust	Annuity Contract 1069112F, 5.00%, 6/28/12	45,831	48,123	
EquiTrust	Annuity Contract 1069114F, 5.00%, 6/28/12	45,831	48,123	
EquiTrust	Annuity Contract 1070430F, 5.00%, 7/13/12	45,812	48,103	
EquiTrust	Annuity Contract 1079945F, 5.00%, 11/12/12	46,882	49,226	
EquiTrust	Annuity Contract 1079947F, 5.00%, 11/12/12	44,703	46,938	
EquiTrust	Annuity Contract 1083225F, 4.75%, 11/7/12	105,323	110,326	
EquiTrust	Annuity Contract 1085867F, 4.50%, 1/14/13	115,032	120,208	
EquiTrust	Annuity Contract 1085869F, 4.50%, 1/16/13	104,846	109,564	
EquiTrust	Annuity Contract 1085868F, 4.50%, 1/16/13	58,976	61,630	
EquiTrust	Annuity Contract 1085865F, 4.50%, 1/17/13	78,625	82,163	
EquiTrust	Annuity Contract 1085866F, 4.50% 1/14/13	115,032	120,208	
EquiTrust	Annuity Contract 1085870F, 4.50%, 1/14/13	143,790	150,261	
EquiTrust	Annuity Contract 1070434F, 5.00%, 7/13/12	45,972	48,271	
EquiTrust	Annuity Contract 1058385F, 4.25%, 4/11/12	34,069	35,517	
EquiTrust	Annuity Contract 1094994F, 5.00%, 5/15/13	63,102	66,257	
EquiTrust	Annuity Contract 1101789F, 5.00%, 6/20/13	72,097	75,702	
EquiTrust	Annuity Contract 1101790F, 5.00%, 6/20/13	37,135	38,992	
Fidelity and Guaranty Life	Annuity Contract L9041277, 3.30%, 4/9/11	33,097	34,040	
Fidelity and Guaranty Life	Annuity Contract L9081918, 3.50%, 6/3/10	8,144	8,429	
Fidelity and Guaranty Life	Annuity Contract L9081869, 3.50%, 6/3/10	12,461	12,897	
Fidelity and Guaranty Life	Annuity Contract L9093832, 3.50%, 7/21/10	94,717	98,032	
Fidelity and Guaranty Life	Annuity Contract L9093829, 3.50%, 8/1/10	52,572	54,412	
Fidelity and Guaranty Life	Annuity Contract L9093845, 3.50%, 8/1/10	52,572	54,412	
Fidelity and Guaranty Life	Annuity Contract L9093837, 3.50%, 8/1/10	78,292	81,032	
Fidelity and Guaranty Life	Annuity Contract 1751185, 4.80%, 12/20/11	87,936	92,157	
Fidelity and Guaranty Life	Annuity Contract 1751186, 4.80%, 12/20/11	87,936	92,157	
Fidelity and Guaranty Life	Annuity Contract 1729369, 4.80%, 12/11/11	135,774	142,291	
Fidelity and Guaranty Life	Annuity Contract L9090541, 3.50%, 7/11/10	12,242	12,670	
Fidelity and Guaranty Life	Annuity Contract 1751300, 4.80%, 12/20/11	87,936	92,157	
Integrity Life	Annuity Contract 2100089363, 2.00%, 2/7/11	11,973	12,374	
Integrity Life	Annuity Contract 2100089364, 2.00%, 2/7/11	11,973	12,374	
Integrity Life	Annuity Contract 2100089367, 2.00%, 2/7/11	16,423	16,973	
Integrity Life	Annuity Contract 2100089368, 2.00%, 2/7/11	16,423	16,973	
Integrity Life	Annuity Contract 2100089369, 2.00%, 2/7/11	16,423	16,973	
Integrity Life	Annuity Contract 2100089362, 2.00%, 2/22/11	39,854	41,189	
Integrity Life	Annuity Contract 2100089366, 2.00%, 2/23/11	39,851	41,186	
Integrity Life	Annuity Contract 2100089365, 2.00%, 2/27/11	39,991	41,371	
Integrity Life	Annuity Contract 2100102189, 4.35%, 3/30/11	161,550	168,577	
Integrity Life	Annuity Contract 2100102895, 4.35%, 3/30/11	237,542	247,875	
Integrity Life	Annuity Contract 2100102896, 4.35%, 3/30/11	101,519	105,935	
Integrity Life	Annuity Contract 2100102764, 4.35%, 3/30/11	137,025	142,986	
Integrity Life	Annuity Contract 2100105430, 4.50%, 04/16/11	173,992	181,822	
Integrity Life	Annuity Contract 2100106041, 4.50%, 04/26/11	202,435	211,545	
Integrity Life	Annuity Contract 2100106051, 4.50%, 04/26/11	83,478	87,235	
Integrity Life	Annuity Contract 2100106046, 4.50%, 4/26/11	83,534	87,293	
Integrity Life	Annuity Contract 2100106057, 4.50%, 4/26/11	125,667	131,322	
Integrity Life	Annuity Contract 2100102894, 4.35%, 3/30/11	50,579	52,779	

Berrodin Co., et al
Employee Profit Sharing Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
February 28, 2010

EIN: 23-0406110 Plan #: 003				
(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
	Integrity Life	Annuity Contract 2100102761, 4.00%, 1/18/11	22,757	23,667
	Integrity Life	Annuity Contract 2100102760, 4.00%, 1/18/11	91,029	94,670
	Integrity Life	Annuity Contract 2100102762, 4.00%, 1/18/11	61,444	63,902
	Integrity Life	Annuity Contract 2100091760, 3.65%, 5/8/10	28,661	29,707
	Integrity Life	Annuity Contract 2100102763, 4.50%, 5/8/11	85,748	89,607
	Integrity Life	Annuity Contract 2100089360, 2.00%, 2/7/11	11,973	12,374
	Integrity Life	Annuity Contract 2100121922, 4.70%, 8/19/12	33,720	35,305
	West Coast Life	Annuity Contract FW0000178, 5.25%, 11/4/13	205,312	216,091
	West Coast Life	Annuity Contract FW0000179, 5.25%, 11/4/13	51,328	54,023
	West Coast Life	Annuity Contract FW0000177, 5.25%, 11/4/13	102,656	108,045
	West Coast Life	Annuity Contract FW0350659, 3.55%, 4/20/14	69,172	71,313
	West Coast Life	Annuity Contract FW0350661, 3.4% 4/13/14	51,043	52,590
	West Coast Life	Annuity Contract FW0350660, 3.4% 4/6/14	56,745	58,502
	West Coast Life	Annuity Contract FW0000418, 3.5%, 6/22/14	125,000	128,050
	West Coast Life	Annuity Contract FW0350811, 3.5%, 6/15/14	82,677	84,751
	West Coast Life	Annuity Contract FW0000417, 3.5%, 6/22/14	125,000	128,050
	Integrity Life	Annuity Contract 2100168322, 2.90%, 6/22/14	125,000	128,181
	Allianz	Annuity Contract 70677887, 5.10%, 10/17/18	180,925	190,152
	Allianz	Annuity Contract 70681526, 3.5%, 3/10/19	127,645	132,063
			<u>5,887,001</u>	<u>6,140,698</u>
*	Participant Loans	Loans with interest rates ranging from 4.25% to 6.12%, maturing from 2010 through 2015.	-	131,046
	Total		<u>\$ 7,134,619</u>	<u>\$ 7,553,002</u>

* : party-in interest

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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

03/01/2009

and ending

02/28/2010

A This return/report is for:☐

a multiemployer plan;

☐

a multiple-employer plan; or

☒

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:☒

Form 5558;

☐

automatic extension;

☐

the DFVC program;

☐

special extension (enter description) _____

Part II Basic Plan Information—enter all requested information**1a** Name of plan Berrodin Co., Et Al

Employee Profit Sharing Plan

1b Three-digit plan number (PN) ▶

003

1c Effective date of plan
02/27/1993**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

Berrodin Company

2b Employer Identification Number (EIN)
23-0406110**2c** Sponsor's telephone number
(610) 259-8700**2d** Business code (see instructions)
811190

790 Burmont Road

Drexel Hill

PA 19026

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	<i>James Berrodin</i>	12/10/10	JAMES BERRODIN
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

Form 5500 (2009)
v.092307.1

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

3b Administrator's EIN

3c Administrator's telephone number

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

242

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

206

b Retired or separated participants receiving benefits.....

6b

0

c Other retired or separated participants entitled to future benefits.....

6c

62

d Subtotal. Add lines 6a, 6b, and 6c.....

6d

268

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....

6e

2

f Total. Add lines 6d and 6e.....

6f

270

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....

6g

270

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 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

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) ☒ 1 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)