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 10/01/2009 and ending 09/30/2010

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
VORMITTAG ASSOCIATES INCORPORATED 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1988

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

C/O CPI-QPC, INC.
P.O. BOX 1167
GREAT BEND, KS 67530

2b Employer Identification Number (EIN)
11-2532460

2c Sponsor's telephone number
620-793-8473

2d Business code (see instructions)
511210

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.	05/02/2011	ROBERT GIUSTINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

VORMITTAG ASSOCIATES, INC.
C/O CPI-QPC, INC.
P.O. BOX 1167
GREAT BEND, KS 67530

3b Administrator's EIN: 11-2532460

3c Administrator's telephone number: 620-793-8473

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**	133
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**	119
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	137
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	137
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	118
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2R 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	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 10/01/2009 and ending 09/30/2010

A Name of plan
VORMITTAG ASSOCIATES INCORPORATED 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VORMITTAG ASSOCIATES, INC.

D Employer Identification Number (EIN)
11-2532460

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

MATRIX FINANCIAL SOLUTIONS
700 17TH STREET, STE 300
DENVER, CO 80202

20-1591048

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

AMERICAN FUNDS
3500 WISEMAN BOULEVARD
SAN ANTONIO, TX 78251

95-1411037

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

OPPENHEIMER
TWO WORLD FINANCIAL CENTER
NEW YORK, NY 10281

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

PRUDENTIAL
100 MULBERRY ST
GATEWAY CENTER 3, 6TH FLOOR
NEWARK, NJ 07102

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

MML INVESTORS SERVICES, INC.

04-2746212

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

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

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

CPI QUALIFIED PLAN CONSULTANTS, INC

1809 24TH STREET
P.O. BOX 1167
GREAT BEND, KS 67530

48-1205033

(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 37 50 60 62 64	'NONE'	1461	Yes [X] No [ ]	Yes [X] No [ ]	10644	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CPI QUALIFIED PLAN CONSULTANTS, INC	12 15 37 50 60 62 64	1537

(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 3500 WISEMAN BOULEVARD SAN ANTONIO, TX 78251 95-1411037	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CPI QUALIFIED PLAN CONSULTANTS, INC	12 15 37 50 60 62 64	2414

(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.
OPPENHEIMER TWO WORLD FINANCIAL CENTER NEW YORK, NY 10281	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CPI QUALIFIED PLAN CONSULTANTS, INC	12 15 37 50 60 62 64	2588

(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.
PIONEER 50 STATE STREET MEDFORD, MA 02155	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES

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
CPI QUALIFIED PLAN CONSULTANTS, INC	12 15 37 50 60 62 64	2021

(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.
ALLIANCEBERNSTEIN TA FINANCIAL ADMINISTRATION - 3RD F SAN ANTONIO, TX 78230	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES

(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

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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 10/01/2009 and ending 09/30/2010

A Name of plan
VORMITTAG ASSOCIATES INCORPORATED 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VORMITTAG ASSOCIATES, INC.

D Employer Identification Number (EIN)
11-2532460

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	79107	80126
(3) Other	1b(3)	695	2912
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	296693	117971
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	32241	159981
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	8468	189155
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	65990	165340
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5352805	6726967
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	5835999	7442452
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5835999	7442452

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)		
	(B) Participants	2a(1)(B)	844726	
	(C) Others (including rollovers)	2a(1)(C)	202890	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1047616
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	7458	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	6237	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13759
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	4318	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	106378	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		110696
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2759659	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2651672	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		107987

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3103	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3103
(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)		406952
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1690113
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	82999	
(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)		82999
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	511	
(3) Investment advisory and management fees	2i(3)	150	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		661
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		83660
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1606453
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: ADAMS, BROWN, BERAN & BALL CHTD. (2) EIN: 48-1040139

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		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
VORMITTAG ASSOCIATES INCORPORATED 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VORMITTAG ASSOCIATES, INC.

D Employer Identification Number (EIN)
11-2532460

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): 11-3622551

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):

VORMITTAG ASSOCIATES, INC.
401(k) PLAN
Financial Statements
September 30, 2010 and 2009

ADAMS, BROWN, BERAN & BALL, CHTD.
Certified Public Accountants
Great Bend, Kansas

VORMITTAG ASSOCIATES, INC.
401(k) PLAN
Financial Statements
September 30, 2010 and 2009

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ADAMS BROWN BERAN & BALL chartered
Certified Public Accountants

Phone (620)792-2428 ■ Fax (620)792-5559 ■ www.abbb.com
Bank of America Building ■ 2006 Broadway, Suite 2A
P.O. Drawer J ■ Great Bend, Kansas 67530

INDEPENDENT AUDITORS' REPORT

Vormittag Associates, Inc.
401(k) Plan
120 Comac St.
Ronkonkoma, NY 11779

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of **Vormittag Associates, Inc. 401(k) Plan** as of September 30, 2010 and 2009, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the supplemental schedule as of September 30, 2010, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8 on page 7, which was certified by MG Trust Company, LLC, the trustee/custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee/custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee/custodian as of September 30, 2010 and 2009, and for the years then ended, that the information provided to the Plan administrator by the trustee/custodian 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee/custodian, 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.

Adams, Brown, Beran + Ball

ADAMS, BROWN, BERAN & BALL, CHTD.
Certified Public Accountants

April 25, 2011

VORMITTAG ASSOCIATES, INC.
401(k) PLAN
Statements of Net Assets Available for Benefits
September 30, 2010 and 2009

		2010	2009
ASSETS			
Investments at Fair Market Value			
Mutual Funds	**$**	**6,464,029**	5,112,451
Individually Directed Accounts		**730,045**	577,756
Participant Loans		**165,340**	65,990
Total Investments at Fair Market Value		**7,359,414**	5,756,197
Receivables			
Salary Deferral Contributions		**83,038**	79,802
Total Assets		**7,442,452**	5,835,999
LIABILITIES			
Accounts Payable		**-**	-
Net Assets Available for Benefits	**$**	**7,442,452**	5,835,999

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

VORMITTAG ASSOCIATES, INC.
401(k) PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended September 30, 2010 and 2009

		2010	2009
Investment Income			
Net Investment Gain	**$**	**518,042**	80,532
Interest and Dividends		**124,455**	159,382
Total Investment Income		**642,497**	239,914
Contributions			
Salary Deferral		**844,726**	848,211
Rollovers		**202,890**	-
Total Contributions		**1,047,616**	848,211
Total Additions		**1,690,113**	1,088,125
Deductions			
Benefits Paid to Participants		**82,999**	182,423
Administrative Expenses		**661**	242
Total Deductions		**83,660**	182,665
Net Increase		**1,606,453**	905,460
Net Assets Available for Benefits - Beginning of Year		**5,835,999**	4,930,539
Net Assets Available for Benefits - End of Year	**$**	**7,442,452**	5,835,999

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of **Vormittag Associates, Inc. 401(k) Plan** provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General - The Plan is a defined contribution, 401(k) Plan covering substantially all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

B. Contributions - Each participant enters into a salary reduction agreement with the employer. The employee may elect to defer up to 50% of defined compensation. Contributions may be subject to certain limitations.

C. Participant Accounts - Each participant's account is credited with the participant's contribution and Plan earnings. Each participant self directs their individual account in various fund company investments.

D. Vesting - Participants are 100% vested at all times in their 401(k) deferral accounts.

E. Payment of Benefits - Benefits are recorded when paid. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or delay receipt of benefits, if the vested account balance is greater than $5,000.

F. Participant Loans - Participants may borrow from their fund account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.25% to 9.75%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through weekly payroll deductions.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

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

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 reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates**.**

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 securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Operating Expenses - The Company pays a portion of the administrative expenses of the Plan.

Subsequent Events - The Plan has evaluated subsequent events through April 25, 2011, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The Plan's investments are listed on page 8 in the Schedule of Assets Held for Investment Purposes. Investments that represent 5% or more of the Plan's net assets are separately identified.

During the years ending September 30, 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $518,042 and $80,532, respectively, as follows:

		2010	2009
Mutual Funds	$	**514,939**	81,485
Individually Directed Accounts		**3,103**	(953)
Total	$	**518,042**	80,532

NOTE 4 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (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 measurement) and the lowest priority to unobservable inputs (level 3 measurement). 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.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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.

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 September 30, 2010 and 2009.

Mutual Funds and Individually Directed Accounts - Valued at the net asset value (NAV) of shares held by the Plan at year end.

Participant Loans - 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 September 30, 2010 and 2009:

	Assets at Fair Value as of September 30, 2010			
	Level 1	Level 2	Level 3	**Total**
Mutual Funds				
Bond Funds	$ 833,213	-	-	**833,213**
Balanced Funds	436,207	-	-	**436,207**
Foreign Funds	837,126	-	-	**837,126**
Growth and Income Funds	1,473,213	-	-	**1,473,213**
Growth Funds	1,164,543	-	-	**1,164,543**
Other Funds	1,719,727	-	-	**1,719,727**
Individually Directed Accounts	730,045	-	-	**730,045**
Participant Loans	-	-	165,340	**165,340**
Total Assets at Fair Value	**$ 7,194,074**	**-**	**165,340**	**7,359,414**

	Assets at Fair Value as of September 30, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 5,112,451	-	-	5,112,451
Individually Directed Accounts	577,756	-	-	577,756
Participant Loans	-	-	65,990	65,990
Total Assets at Fair Value	$ 5,690,207	-	65,990	5,756,197

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended September 30, 2010 and 2009:

		Level 3 Assets	
		Year Ended September 30, 2010	*Year Ended September 30, 2009*
		Participant Loans	Participant Loans
Balance, Beginning of Year	$	**65,990**	75,128
Realized Gains/(Losses)		-	-
Unrealized Gains/(Losses) Relating to Instruments Still Held at the Reporting Date		-	-
Purchases, Sales, Issuances, and Settlements (Net)		**99,350**	(9,138)
Balance, End of Year	$	**165,340**	65,990

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 6 - TAX STATUS

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

NOTE 7 - PROHIBITED TRANSACTIONS

The Plan had no receivables determined to be uncollectible at year end. During our audit, no prohibited transactions were noted.

NOTE 8 - CERTIFICATION

MG Trust Company, LLC's certification applies to all assets except receivables and participant loans. The investment income reported in the Statements of Changes in Net assets Available for Benefits for the years ended September 30, 2010 and 2009 was certified by MG Trust Company, LLC.

NOTE 9 - RISKS AND UNCERTAINTIES

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

VORMITTAG ASSOCIATES, INC.
401(k) PLAN
Supplemental Schedule
September 30, 2010

VORMITTAG ASSOCIATES, INC.
401(k) PLAN
EIN 11-2532460 - Plan Number 001
Schedule of Assets Held for Investment Purposes
September 30, 2010

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments	Current Value	
Alliance Balanced Shares	Value of Int in Regist Invest Co.	$ 268,752	
Alliance Bernstein Global Bond	Value of Int in Regist Invest Co.	26,580	
Alliance Bernstein High Income	Value of Int in Regist Invest Co.	61,736	
Alliance Bernstein Large Cap Growth	Value of Int in Regist Invest Co.	505,079	*
American Fundamental Investors	Value of Int in Regist Invest Co.	76,080	
American Income Fund	Value of Int in Regist Invest Co.	36,719	
American Funds 2010 T Date	Value of Int in Regist Invest Co.	172,558	
American Funds 2015 T Date	Value of Int in Regist Invest Co.	22,603	
American Funds 2020 T Date	Value of Int in Regist Invest Co.	13,420	
American Funds 2025 T Date	Value of Int in Regist Invest Co.	185,686	
American Funds 2030 T Date	Value of Int in Regist Invest Co.	59,073	
American Funds 2035 T Date	Value of Int in Regist Invest Co.	191,773	
American Funds 2045 T Date	Value of Int in Regist Invest Co.	22,529	
American Funds 2050 T Date	Value of Int in Regist Invest Co.	9,416	
Eaton Vance Dividend Builder	Value of Int in Regist Invest Co.	50,390	
Eaton Vance Large Cap Value	Value of Int in Regist Invest Co.	115,668	
Franklin Growth	Value of Int in Regist Invest Co.	68,502	
Franklin Income	Value of Int in Regist Invest Co.	130,736	
Franklin Mutual Beacon	Value of Int in Regist Invest Co.	75,850	
Invesco Constellation	Value of Int in Regist Invest Co.	44,246	
Invesco Income	Value of Int in Regist Invest Co.	240,543	
Invesco Real Estate	Value of Int in Regist Invest Co.	72,103	
Invesco Small Companies	Value of Int in Regist Invest Co.	16,359	
Invesco Dynamics	Value of Int in Regist Invest Co.	27,133	
Mutual Global Discovery	Value of Int in Regist Invest Co.	116,349	
Oppenheimer Capital Appreciation	Value of Int in Regist Invest Co.	100,041	
Oppenheimer Global Opportunities	Value of Int in Regist Invest Co.	523,441	*
Oppenheimer Global Strategic Income	Value of Int in Regist Invest Co.	121,256	
Oppenheimer Gold & Special Minerals	Value of Int in Regist Invest Co.	244,165	
Oppenheimer Small Mid Cap Value	Value of Int in Regist Invest Co.	80,322	
Pioneer Cash Reserves	Value of Int in Regist Invest Co.	1,059,440	*
Pioneer	Value of Int in Regist Invest Co.	673,922	*
Pioneer Global Equity	Value of Int in Regist Invest Co.	131,978	
Pioneer Global High Yield	Value of Int in Regist Invest Co.	6,565	
Pioneer Growth Opportunities	Value of Int in Regist Invest Co.	79,807	
Pioneer High Yield	Value of Int in Regist Invest Co.	288,939	
Pioneer Select Mid Cap Growth	Value of Int in Regist Invest Co.	225,869	
Prud Jenn National Resources R	Value of Int in Regist Invest Co.	97,638	
Prud Jenn Utility	Value of Int in Regist Invest Co.	5,348	
Templeton Global Bond	Value of Int in Regist Invest Co.	215,415	
Individually Directed Accounts	Other Investments	730,045	*
Participant Loans 5.25% - 9.75%	Loans	165,340	
Total		$ 7,359,414	

* **Investments represent 5% or more of the net assets available for benefits.**

See accountants' report.

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Name of Plan:

▶ Vormittag Associates Incorporated 401(k) Plan

Employer Identification Number: ▶ 11-2532460

For plan year (beginning/ending): ▶ 10/01/2009 to 09/30/2010 Plan number: ▶ 001

(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
	LOAN FUND	OTHER LOANS 5.25 % - 9.75%	N/A	165,340
	ALLIANCE BALANCED SHARES	VALUE OF INT IN REGIST INVEST CO	N/A	268,752
	ALLIANCBERNSTEIN GLOBAL BOND	VALUE OF INT IN REGIST INVEST CO	N/A	26,580
	ALL BERN HIGH INC	VALUE OF INT IN REGIST INVEST CO	N/A	61,736
	ALLIANCEBER LG CP GWTH	VALUE OF INT IN REGIST INVEST CO	N/A	505,079
	AMERICAN FUNDS FUNDMNTL INV	VALUE OF INT IN REGIST INVEST CO	N/A	76,080
	AMERICAN FUNDS INCOME FUND	VALUE OF INT IN REGIST INVEST CO	N/A	36,719
	AMERICAN FUNDS 2010 TDATE	VALUE OF INT IN REGIST INVEST CO	N/A	172,558
	AMERICAN FUNDS 2015 TDATE	VALUE OF INT IN REGIST INVEST CO	N/A	22,603
	AMERICAN FUNDS 2020 TDATE	VALUE OF INT IN REGIST INVEST CO	N/A	13,420
	AMERICAN FUNDS 2025 TDATE	VALUE OF INT IN REGIST INVEST CO	N/A	185,686
	AMERICAN FUNDS 2030 TDATE	VALUE OF INT IN REGIST INVEST CO	N/A	59,073
	AMERICAN FUNDS 2035 TDATE	VALUE OF INT IN REGIST INVEST CO	N/A	191,773
	AMERICAN FUNDS 2045 TDATE	VALUE OF INT IN REGIST INVEST CO	N/A	22,529
	AMERICAN FUNDS 2050 TDATE	VALUE OF INT IN REGIST INVEST CO	N/A	9,416
	EATON VANCE DIVIDEND BUILDER	VALUE OF INT IN REGIST INVEST CO	N/A	50,390
	EATON VANCE LARGE-CAP VALUE	VALUE OF INT IN REGIST INVEST CO	N/A	115,668
	FRANKLIN GROWTH	VALUE OF INT IN REGIST INVEST CO	N/A	68,502
	FRANKLIN INCOME	VALUE OF INT IN REGIST INVEST CO	N/A	130,736
	FRANKLIN MUTUAL BEACON	VALUE OF INT IN REGIST INVEST CO	N/A	75,850
	INV CONSTELLATION	VALUE OF INT IN REGIST INVEST CO	N/A	44,246
	INVESCO INCOME	VALUE OF INT IN REGIST INVEST CO	N/A	240,543
	INVESCO REAL ESTATE	VALUE OF INT IN REGIST INVEST CO	N/A	72,103
	INVESCO SMALL COMPANIES	VALUE OF INT IN REGIST INVEST CO	N/A	16,359
	INVESCO DYNAMICS	VALUE OF INT IN REGIST INVEST CO	N/A	27,133
	MUTUAL GLOBAL DISCOVERY	VALUE OF INT IN REGIST INVEST CO	N/A	116,349
	OPP CAPITAL APPRECIATION	VALUE OF INT IN REGIST INVEST CO	N/A	100,041
	OPP GLOBAL OPPORTUNITIES	VALUE OF INT IN REGIST INVEST CO	N/A	523,441
	OPP GLOBAL STRATEGIC INCOME	VALUE OF INT IN REGIST INVEST CO	N/A	121,256
	OPP GOLD & SPECIAL MINERALS	VALUE OF INT IN REGIST INVEST CO	N/A	244,165
	OPP SMALL MID CAP VAL	VALUE OF INT IN REGIST INVEST CO	N/A	80,322
	PIO CASH RESERVES	VALUE OF INT IN REGIST INVEST CO	N/A	1,059,440
	PIONEER	VALUE OF INT IN REGIST INVEST CO	N/A	673,922
	PIONEER GLOBAL EQUITY	VALUE OF INT IN REGIST INVEST CO	N/A	131,978

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Name of Plan:

▶ Vormittag Associates Incorporated 401(k) Plan

Employer Identification Number: ▶ 11-2532460

For plan year (beginning/ending): ▶ 10/01/2009 to 09/30/2010 Plan number: ▶ 001

(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
	PIONEER GLOBAL HIGH YIELD	VALUE OF INT IN REGIST INVEST CO	N/A	6,565
	PIONEER GROWTH OPPORTUNITIES	VALUE OF INT IN REGIST INVEST CO	N/A	79,807
	PIO HIGH YIELD	VALUE OF INT IN REGIST INVEST CO	N/A	288,939
	PIONEER SELECT MID CAP GRWTH	VALUE OF INT IN REGIST INVEST CO	N/A	225,869
	PRU JEN NAT RESOURCES R	VALUE OF INT IN REGIST INVEST CO	N/A	97,638
	PRUD JENN UTILITY	VALUE OF INT IN REGIST INVEST CO	N/A	5,348
	TEMPLETON GLOBAL BOND	VALUE OF INT IN REGIST INVEST CO	N/A	215,415

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)			
Van Kampen Real Estate Sec Cl (985 shares)	Mutual Fund	15,446	16,256
Van Kampen Comstock Cl A (1238 shares)	Mutual Fund	17,391	17,586
Amn Elec Power (400 shares)	Common Stock	13,262	14,492
American Growth Fund of am (583 shares)	Mutual Fund	15,669	16,230
Alcoa Inc 2-1-17 5.50%	Corporate Bond	10,597	10,377
Aflac Inc 8.5% 5-15-19	Corporate Bond	18,184	19,087
Bac Capital Trust Iii 7.0%	Corporate Bond	15,073	16,183
Bank of Ny 10-15-13	Corporate Bond	13,763	15,637
Dupont E I De Nemours (741 shares)	Common Stock	25,028	33,063
Dow Chemical Co 5-15-14	Corporate Bond	11,841	11,680
Consolidated Edison Inc (570 shares)	Common Stock	24,997	27,485
Franklin Income Cl A (17101 shares)	Mutual Fund	34,970	36,084
Fortune Brands 5.375% 1-15-16	Corporate Bond	10,746	10,962
Frontier Communications (207 shares)	Common Stock	0	1,691
Spdr Gold Trust Gold Shs (25 shares)	Mutual Fund	2,786	3,198
Goldman Sachs Group	Corporate Bond	15,119	15,951
Hartford Fin Svcs 6.0% 1-15-19	Corporate Bond	10,581	10,534
International Stl Group Inc	Corporate Bond	11,314	11,083
Ishares Iboxx $ Inrp Bd (225 shares)	Mutual Fund	23,551	25,445
Jpm Chase 6-15-33	Corporate Bond	3,616	4,962
Spdr S & P Midcap 400 Eft (175 shares)	Mutual Fund	18,825	25,478
Altria Group Inc (620 shares)	Common Stock	13,497	14,892
Morgan Stanley Cap Tr Vi	Corporate Bond	15,062	16,770
Morgan Stanley Cap Tr 7-15-33	Corporate Bond	2,164	4,766
Market Vectors Etf Tr ag (150 shares)	Mutual Fund	5,975	6,878
Oppenheimer Int'l Bond Cl A (6216 shares)	Mutual Fund	37,155	42,272
Oppenheimer Int'l Growth (853 shares)	Mutual Fund	19,720	22,401
Oppenheimer Gold & Spec Minera (301 shares)	Mutual Fund	9,306	14,350
Oppenheimer Global Fund A (232 shares)	Mutual Fund	12,247	13,088
Oppenheimer Small & Mid Cap Va (297 shares)	Mutual Fund	7,928	8,378
Progress Energy (658 shares)	Common Stock	25,033	29,228
Philip Morris Intl (290 shares)	Common Stock	13,552	16,246
A T & T (520 shares)	Common Stock	13,362	14,872
Proshares Tr Shrt 20+yr Tre (150 shares)	Mutual Fund	5,919	6,038
Travelers Cos Inc (172 shares)	Common Stock	7,774	8,961
Van Kampen Utility Cl A (211 shares)	Mutual Fund	4,104	3,653
Verizon Communications (866 shares)	Common Stock	24,990	28,223
Sector Spdr Tr Shs Ben I (100 shares)	Mutual Fund	2,706	5,606
Xerox Copr 8.25% 5-15-14	Corporate Bond	12,039	11,990
Rounding adjustment			-2
		545,292	612,074

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
Schedule H, Line4i - Schedule of Assets (Acquired and Disposed of Within Year)			
Ishares Msci Emerging Mkt	Mutual Fund	1,890	1,988
Proshs Sh S & P 500	Mutual Fund	52,536	52,642