

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
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 <u>IMPACT PRODUCTS, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1993</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1993</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1993</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>IMPACT PRODUCTS, LLC</u> <u>2840 CENTENNIAL RD</u> <u>TOLEDO, OH 43617</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1967450</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>419-720-1308</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>424990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1967450</u>	2c Sponsor's telephone number <u>419-720-1308</u>	2d Business code (see instructions) <u>424990</u>	
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2d Business code (see instructions) <u>424990</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2011	JEFF BEERY
	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 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") IMPACT PRODUCTS, LLC 2840 CENTENNIAL RD TOLEDO, OH 43617	3b Administrator's EIN 34-1967450 3c Administrator's telephone number 419-720-1308
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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	159
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	146
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	9
d Subtotal. Add lines 6a , 6b , and 6c	6d	155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	155
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	125
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan IMPACT PRODUCTS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IMPACT PRODUCTS, LLC	D Employer Identification Number (EIN) 34-1967450	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37	RECORDKEEPER	2063	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>IMPACT PRODUCTS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IMPACT PRODUCTS, LLC</u>	D Employer Identification Number (EIN) <u>34-1967450</u>

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	250142	271896
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	132277	132379
(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)	4193187	4624104
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4575606	5028379

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4575606	5028379
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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)	93950	
(B) Participants	2a(1)(B)	354699	
(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)		448649

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	49	
(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)	7832	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7881

(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)	68713	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68713

(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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)		588483
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1113726

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	639262	
(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)		639262
f Corrective distributions (see instructions)	2f		19627
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2064	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2064
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		660953

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		452773
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: **BADEN, GAGE & SCHROEDER LLC** (2) EIN: **35-1939627**

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.).....		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.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>IMPACT PRODUCTS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IMPACT PRODUCTS, LLC</u>	D Employer Identification Number (EIN) <u>34-1967450</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.....	<u>1</u>	<u>0</u>
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>04-6568107</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.....	<u>3</u>	

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	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
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): _____



Certified Public Accountants • Business Consultants

Independent Auditors' Report

Plan Administrator
Impact Products, LLC 401(k) Plan
Toledo, Ohio

We were engaged to audit the statements of net assets available for benefits of Impact Products, LLC 401(k) Plan as of December 31, 2010 and 2009, the statement of changes in net assets available for benefits for the year ending December 31, 2010 and the schedule of assets (held at end of year) at December 31, 2010. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investments which were certified by Fidelity Management Trust Company, the trustee 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 holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Baden, Gage & Schroeder, LLC

BADEN, GAGE & SCHROEDER, LLC

Fort Wayne, Indiana
September 27, 2011

Financial Statements

**Impact Products, LLC
401(k) Plan**

December 31, 2010

IMPACT PRODUCTS, LLC 401(K) PLAN

***Financial Statements
with Supplemental Schedule
December 31, 2010***

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Certified Public Accountants • Business Consultants

Independent Auditors' Report

Plan Administrator
Impact Products, LLC 401(k) Plan
Toledo, Ohio

We were engaged to audit the statements of net assets available for benefits of Impact Products, LLC 401(k) Plan as of December 31, 2010 and 2009, the statement of changes in net assets available for benefits for the year ending December 31, 2010 and the schedule of assets (held at end of year) at December 31, 2010. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investments which were certified by Fidelity Management Trust Company, the trustee 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 holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Baden, Gage & Schroeder, LLC

BADEN, GAGE & SCHROEDER, LLC

Fort Wayne, Indiana
September 27, 2011

IMPACT PRODUCTS, LLC 401(K) PLAN

Statements of Net Assets Available for Benefits **December 31, 2010 and 2009**

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments		
Money market funds	\$ 271,896	\$ 250,142
Mutual funds	<u>4,624,104</u>	<u>4,193,187</u>
Total Investments	4,896,000	4,443,329
Receivables		
Notes receivable from participants	<u>132,379</u>	<u>132,277</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,028,379</u>	<u>\$ 4,575,606</u>

See Notes to Financial Statements.

IMPACT PRODUCTS, LLC 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits **Year Ended December 31, 2010**

CONTRIBUTIONS

Employee deferrals	\$ 354,699
Company match	<u>93,950</u>

Total Contributions 448,649

INVESTMENT INCOME

Net realized and unrealized appreciation in fair value of investments	588,483
Dividends	68,713
Interest on money market funds	49
Interest income on notes receivable from participants	<u>7,832</u>

Total Investment Income 665,077

TOTAL ADDITIONS 1,113,726

DEDUCTIONS

Benefit payments	658,889
Management fees	<u>2,064</u>

TOTAL DEDUCTIONS 660,953

NET INCREASE 452,773

NET ASSETS AVAILABLE FOR BENEFITS,
BEGINNING OF YEAR 4,575,606

NET ASSETS AVAILABLE FOR BENEFITS,
END OF YEAR \$ 5,028,379

See Notes to Financial Statements.

IMPACT PRODUCTS, LLC 401(K) PLAN

Notes to Financial Statements

December 31, 2010

Note 1. Plan Description

The Impact Products, LLC 401(k) Plan is a defined contribution plan covering employees of Impact Products, LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, (ERISA). The provisions of the Plan are included in the official Plan document which legally governs the operations of the Plan and is available for more detailed information.

Eligibility

All employees are eligible to participate in the plan on January 1, April 1, July 1 and October 1 following six months of service and having attained 18 years of age.

Contributions

Participants may elect to contribute between 1% and 90% of eligible pre-tax compensation up to the statutory dollar limit established by the Internal Revenue Code. The Company match contribution is discretionary. The Company provided a match contribution from January 1, 2010 through March 31, 2010. The Company discontinued the match from April 1, 2010 through June 30, 2010. On July 1, 2010, the Company reinstated the match contribution. Participants may also elect to make post-tax deferral contributions. The Company may also make a discretionary contribution as determined by the board of directors. There was no discretionary contribution in 2010.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Participants have the option of investing in a variety of mutual funds and a money market fund offered through Fidelity Management Trust Company. All amounts in participant accounts are participant-directed.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

IMPACT PRODUCTS, LLC 401(K) PLAN

Notes to Financial Statements (Continued)

December 31, 2010

Note 1. Plan Description (Continued)

Benefit Payments

Benefits under the Plan are payable when a participant retires, dies, or otherwise ceases to be an employee and are payable in the form of annuities, installments or as a lump sum. Benefits are recorded when paid.

Forfeitures

If a participant terminates employment before being fully vested, a portion of the Company contributions will be forfeited. Forfeitures are used to pay Plan expenses and reduce future Company contributions. At December 31, 2010, \$493 of forfeitures are available to pay Plan expenses or reduce future Company contributions. During the Plan year ended December 31, 2010, \$788 of forfeitures were used to pay Plan expenses.

Termination of the Plan

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time, subject to the provisions set forth in ERISA. In the event of plan termination, participants will become fully vested in their accounts.

Notes Receivable From Participants

The Plan allows participants to borrow from their accounts a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are issued for a minimum of \$1,000. The loans are secured by the balance in the participant's account and bear interest at prime plus 1%. The term of the loan cannot exceed five years unless the loan is for a primary residence, in which case the term cannot exceed ten years. Loans outstanding at December 31, 2010 had interest rates ranging from 4.25% to 9.25% and maturing through November 2015.

Note 2. Significant Accounting Policies

Basis of Financial Statements

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

IMPACT PRODUCTS, LLC 401(K) PLAN

Notes to Financial Statements (Continued)

December 31, 2010

Note 2. Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Subsequent Events

The Plan Administrator has evaluated events and transactions for possible recognition or disclosure through September 27, 2011, the date the financial statements were available to be issued.

Note 3. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the Trustee and was not subjected to any auditing procedures performed by the independent public accountants.

- a. Total investments and notes receivable from participants as shown in the accompanying statements of net assets available for benefits.
- b. Net investment earnings and interest from notes receivable from participants, as shown in the accompanying statement of changes in net assets available for benefits, including dividends and interest income and net realized and unrealized appreciation in fair value of investments.

IMPACT PRODUCTS, LLC 401(K) PLAN

Notes to Financial Statements (Continued)

December 31, 2010

Note 4. Significant Investments

The market value of investments that represent 5% or more of the Plan's net assets are summarized below:

As of December 31, 2010:

Fidelity Diversified International Fund	\$	551,556
Fidelity Dividend Growth Fund		294,227
Fidelity Freedom 2010 Fund		314,828
Fidelity Freedom 2020 Fund		303,638
Fidelity Freedom 2030 Fund		359,484
Fidelity Low-Priced Stock Fund		423,214
Fidelity Retirement Money Market Portfolio		270,906
Fidelity Value Fund		300,475

As of December 31, 2009:

Fidelity Diversified International Fund	\$	495,608
Fidelity Freedom 2010 Fund		286,230
Fidelity Freedom 2020 Fund		264,924
Fidelity Freedom 2030 Fund		309,194
Fidelity Growth Company Fund		240,114
Fidelity Low-Priced Stock Fund		453,528
Fidelity Retirement Money Market Portfolio		249,553
Fidelity Value Fund		273,253

Note 5. Fair Value Measurements

The Plan utilizes the Fair Value Measurements framework which defines fair value as 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 and establishes a hierarchy which prioritizes inputs to valuation techniques used to measure fair value into three broad levels. 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 are 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.
---------	---

IMPACT PRODUCTS, LLC 401(K) PLAN

Notes to Financial Statements (Continued)

December 31, 2010

Note 5. Fair Value Measurements (Continued)

- Level 2 Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability;
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Money market funds and mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

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.

IMPACT PRODUCTS, LLC 401(K) PLAN

Notes to Financial Statements (Continued)

December 31, 2010

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of December 31, 2010 and 2009.

Assets at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Domestic large-cap stock	\$ 1,433,991	\$ -	\$ -	\$ 1,433,991
Domestic small/mid-cap stock	1,052,541	-	-	1,052,541
Foreign large-cap stock	551,555	-	-	551,555
Intermediate-term bond	176,545	-	-	176,545
Short-term bond	51,844	-	-	51,844
Target retirement funds	1,067,843	-	-	1,067,843
Moderate allocation	114,046	-	-	114,046
Real estate	50,997	-	-	50,997
Retirement income fund	<u>124,742</u>	<u>-</u>	<u>-</u>	<u>124,742</u>
Total mutual funds	<u>4,624,104</u>	<u>-</u>	<u>-</u>	<u>4,624,104</u>
Money market funds	<u>271,896</u>	<u>-</u>	<u>-</u>	<u>271,896</u>
Total assets at fair value	<u>\$ 4,896,000</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,896,000</u>
Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Domestic large-cap stock	\$ 1,248,207	\$ -	\$ -	\$ 1,248,207
Domestic small/mid-cap stock	933,846	-	-	933,846
Foreign large-cap stock	495,608	-	-	495,608
Intermediate-term bond	237,423	-	-	237,423
Short-term bond	95,634	-	-	95,634
Target retirement funds	930,344	-	-	930,344
Moderate allocation	95,030	-	-	95,030
Real estate	39,409	-	-	39,409
Retirement income fund	<u>117,686</u>	<u>-</u>	<u>-</u>	<u>117,686</u>
Total mutual funds	<u>4,193,187</u>	<u>-</u>	<u>-</u>	<u>4,193,187</u>
Money market funds	<u>250,142</u>	<u>-</u>	<u>-</u>	<u>250,142</u>
Total assets at fair value	<u>\$ 4,443,329</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,443,329</u>

IMPACT PRODUCTS, LLC 401(K) PLAN

Notes to Financial Statements (Continued)

December 31, 2010

Note 6. Transactions with Parties-In-Interest

The Company provides certain accounting, recordkeeping, and administrative services for the Plan for which it receives no compensation. Administrative expenses for accounting and other services are rendered by parties-in-interest and are paid by the Company. The Plan invests in mutual funds affiliated with the trustee. Management fees paid by the Plan to parties in interest totaled approximately \$2,900.

Note 7. Income Tax Status

The Plan, which is a prototype plan of Fidelity Management and Research Company, obtained its latest opinion letter on October 9, 2003, stating that the Plan is a qualified plan under Section 401 of the Internal Revenue Code. The Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan sponsor and Plan administrator are not aware of any course of action or series of events that have occurred that would adversely affect the qualified status of the Plan.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 8. Risks and Uncertainties

The Plan may invest in various types of 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 statement of net assets available for plan benefits.

IMPACT PRODUCTS, LLC 401(K) PLAN

Plan 001, EIN: 34-1967450

Schedule of Assets (Held at End of Year)

Schedule H, Part IV, Line 4i

December 31, 2010

(a)	(b) Identity	(c) Description of Investment	(e) Current Value
☒	Fidelity Investment Company	Fidelity Blue Chip Growth Fund	\$ 213,764
☒	Fidelity Investment Company	Fidelity Contrafund	99,325
☒	Fidelity Investment Company	Fidelity Diversified International Fund	551,556
☒	Fidelity Investment Company	Fidelity Dividend Growth Fund	294,227
☒	Fidelity Investment Company	Fidelity Equity-Income Fund	137,419
☒	Fidelity Investment Company	Fidelity Equity-Income II Fund	103,256
☒	Fidelity Investment Company	Fidelity Export and Multinational Fund	12,931
☒	Fidelity Investment Company	Fidelity Fifty	209,029
☒	Fidelity Investment Company	Fidelity Freedom 2000 Fund	36,895
☒	Fidelity Investment Company	Fidelity Freedom 2010 Fund	314,828
☒	Fidelity Investment Company	Fidelity Freedom 2015 Fund	2,565
☒	Fidelity Investment Company	Fidelity Freedom 2020 Fund	303,638
☒	Fidelity Investment Company	Fidelity Freedom 2025 Fund	4,368
☒	Fidelity Investment Company	Fidelity Freedom 2030 Fund	359,484
☒	Fidelity Investment Company	Fidelity Freedom 2035 Fund	6,789
☒	Fidelity Investment Company	Fidelity Freedom 2040 Fund	27,790
☒	Fidelity Investment Company	Fidelity Freedom 2045 Fund	2,098
☒	Fidelity Investment Company	Fidelity Freedom 2050 Fund	9,389
☒	Fidelity Investment Company	Fidelity Freedom Income Fund	124,742
☒	Fidelity Investment Company	Fidelity Fund	28,127
☒	Fidelity Investment Company	Fidelity Growth Company Fund	193,531
☒	Fidelity Investment Company	Fidelity Growth Strategies Fund	54,813
☒	Fidelity Investment Company	Fidelity Intermediate Bond Fund	108,419
☒	Fidelity Investment Company	Fidelity Investment Grade Bond Fund	68,126
☒	Fidelity Investment Company	Fidelity Large Cap Stock Fund	20,870
☒	Fidelity Investment Company	Fidelity Low-Priced Stock Fund	423,214
☒	Fidelity Investment Company	Fidelity Mid-Cap Stock Fund	197,808
☒	Fidelity Investment Company	Fidelity OTC Portfolio	50,902
☒	Fidelity Investment Company	Fidelity Overseas Fund	30,243

IMPACT PRODUCTS, LLC 401(K) PLAN

Plan 001, EIN: 34-1967450

Schedule of Assets (Held at End of Year) (Continued)

Schedule H, Part IV, Line 4i

December 31, 2010

(a)	(b) Identity	(c) Description of Investment	(e) Current Value
☒	Fidelity Investment Company	Fidelity Puritan Fund	\$ 114,046
☒	Fidelity Investment Company	Fidelity Real Estate Investments	50,997
☒	Fidelity Investment Company	Fidelity Retirement Money Market Portfolio	270,906
☒	Fidelity Investment Company	Fidelity Short-term Bond Fund	51,844
☒	Fidelity Investment Company	Fidelity Small Cap Discovery Fund	16,373
☒	Fidelity Investment Company	Fidelity Small Cap Value Fund	255
☒	Fidelity Investment Company	Fidelity US Government Res Fund	990
☒	Fidelity Investment Company	Fidelity Value Fund	300,475
☒	Fidelity Investment Company	Fidelity Value Strategies Fund	58,315
☐	Spartan	Spartan Extended Market Index Fund	1,288
☐	Spartan	Spartan Total Market Index Fund	40,365
☒	Plan participants	Loans, 4.25% - 9.25% interest, due through November 2015	<u>132,379</u>
			<u>\$ 5,028,379</u>

☒ Party in interest

IMPACT PRODUCTS, LLC 401(K) PLAN

Plan 001, EIN: 34-1967450

Schedule of Assets (Held at End of Year)

Schedule H, Part IV, Line 4i

December 31, 2010

(a)	(b) Identity	(c) Description of Investment	(e) Current Value
☒	Fidelity Investment Company	Fidelity Blue Chip Growth Fund	\$ 213,764
☒	Fidelity Investment Company	Fidelity Contrafund	99,325
☒	Fidelity Investment Company	Fidelity Diversified International Fund	551,556
☒	Fidelity Investment Company	Fidelity Dividend Growth Fund	294,227
☒	Fidelity Investment Company	Fidelity Equity-Income Fund	137,419
☒	Fidelity Investment Company	Fidelity Equity-Income II Fund	103,256
☒	Fidelity Investment Company	Fidelity Export and Multinational Fund	12,931
☒	Fidelity Investment Company	Fidelity Fifty	209,029
☒	Fidelity Investment Company	Fidelity Freedom 2000 Fund	36,895
☒	Fidelity Investment Company	Fidelity Freedom 2010 Fund	314,828
☒	Fidelity Investment Company	Fidelity Freedom 2015 Fund	2,565
☒	Fidelity Investment Company	Fidelity Freedom 2020 Fund	303,638
☒	Fidelity Investment Company	Fidelity Freedom 2025 Fund	4,368
☒	Fidelity Investment Company	Fidelity Freedom 2030 Fund	359,484
☒	Fidelity Investment Company	Fidelity Freedom 2035 Fund	6,789
☒	Fidelity Investment Company	Fidelity Freedom 2040 Fund	27,790
☒	Fidelity Investment Company	Fidelity Freedom 2045 Fund	2,098
☒	Fidelity Investment Company	Fidelity Freedom 2050 Fund	9,389
☒	Fidelity Investment Company	Fidelity Freedom Income Fund	124,742
☒	Fidelity Investment Company	Fidelity Fund	28,127
☒	Fidelity Investment Company	Fidelity Growth Company Fund	193,531
☒	Fidelity Investment Company	Fidelity Growth Strategies Fund	54,813
☒	Fidelity Investment Company	Fidelity Intermediate Bond Fund	108,419
☒	Fidelity Investment Company	Fidelity Investment Grade Bond Fund	68,126
☒	Fidelity Investment Company	Fidelity Large Cap Stock Fund	20,870
☒	Fidelity Investment Company	Fidelity Low-Priced Stock Fund	423,214
☒	Fidelity Investment Company	Fidelity Mid-Cap Stock Fund	197,808
☒	Fidelity Investment Company	Fidelity OTC Portfolio	50,902
☒	Fidelity Investment Company	Fidelity Overseas Fund	30,243

IMPACT PRODUCTS, LLC 401(K) PLAN

Plan 001, EIN: 34-1967450

Schedule of Assets (Held at End of Year) (Continued)

Schedule H, Part IV, Line 4i

December 31, 2010

(a)	(b) Identity	(c) Description of Investment	(e) Current Value
☒	Fidelity Investment Company	Fidelity Puritan Fund	\$ 114,046
☒	Fidelity Investment Company	Fidelity Real Estate Investments	50,997
☒	Fidelity Investment Company	Fidelity Retirement Money Market Portfolio	270,906
☒	Fidelity Investment Company	Fidelity Short-term Bond Fund	51,844
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☒	Fidelity Investment Company	Fidelity Small Cap Value Fund	255
☒	Fidelity Investment Company	Fidelity US Government Res Fund	990
☒	Fidelity Investment Company	Fidelity Value Fund	300,475
☒	Fidelity Investment Company	Fidelity Value Strategies Fund	58,315
☐	Spartan	Spartan Extended Market Index Fund	1,288
☐	Spartan	Spartan Total Market Index Fund	40,365
☒	Plan participants	Loans, 4.25% - 9.25% interest, due through November 2015	<u>132,379</u>
			<u><u>\$ 5,028,379</u></u>

☒ Party in interest