# 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**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BAST HATFIELD CONSTRUCTION, LLC SAVINGS & RETIREME

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1983

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
BAST HATFIELD CONSTRUCTION, LLC

1399 VISCHER FERRY RD
CLIFTON PARK, NY 12065

**2b** Employer Identification Number (EIN) 27-0649178

**2c** Sponsor's telephone number 518-373-2000

**2d** Business code (see instructions) 236200

**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. | 10/11/2011 | CHRISTOPHER BAST, JR. |
| | **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")
BAST HATFIELD CONSTRUCTION, LLC

1399 VISCHER FERRY RD
CLIFTON PARK, NY 12065

**3b** Administrator's EIN
27-0649178

**3c** Administrator's telephone number
518-373-2000

**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** | 326 |
| **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** | 165 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 141 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 306 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 2 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 308 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 297 |
| **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:
2A 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)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**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 | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| BAST HATFIELD CONSTRUCTION, LLC SAVINGS & RETIREME | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| BAST HATFIELD CONSTRUCTION, LLC | 27-0649178 | |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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)

BENEFIT CONSULTANTS GROUP

23-2383285

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 38 50 64 | NONE | 11889 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

DR ADVISORY SERVICES

20-5173405

| (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? |
|---|---|---|---|---|---|---|
| 26 27 50 | NONE | 22454 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

DR PENSION SERVICES

01-0558292

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 38 50 | NONE | 16263 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

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
BAST HATFIELD CONSTRUCTION, LLC SAVINGS & RETIREME

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BAST HATFIELD CONSTRUCTION, LLC

**D** Employer Identification Number (EIN)
27-0649178

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 656412 | 386336 |
| **(2)** Participant contributions | 1b(2) | 20278 | 15201 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | 501228 | 554821 |
| **(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) | 8728597 | 10223113 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 9906515 | 11179471 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 2103 | 2103 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 2103 | 2103 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 9904412 | 11177368 |

## 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) | 386336 | |
| | **(B)** Participants | 2a(1)(B) | 251103 | |
| | **(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) | | 637439 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(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) | 21085 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 21085 |
| | **(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) | 218702 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 218702 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 921960 |
| **c** Other income | 2c | | 7973 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1807159 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 483598 | |
| (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) | | 483598 |
| **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) | 28151 | |
| (3) Investment advisory and management fees | 2i(3) | 22454 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 50605 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 534203 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 1272956 |
| **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: BONADIO & CO., LLP (2) EIN: 16-1131146

**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 | | 61347 |
| **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

**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
BAST HATFIELD CONSTRUCTION, LLC SAVINGS & RETIREME

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BAST HATFIELD CONSTRUCTION, LLC

**D** Employer Identification Number (EIN)
27-0649178

## Part I Distributions

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

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

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

EIN(s): 84-0519832

**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):

# BAST HATFIELD, INC.SAVINGS AND RETIREMENT PLAN

**Financial Statements**
**as of December 31, 2010 and 2009**
**Together with**
**Independent Auditors' Report**

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

**INDEPENDENT AUDITORS' REPORT**

September 23, 2011

To the Trustees
Bast Hatfield, Inc. Savings and Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Bast Hatfield, Inc. Savings and Retirement Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the years then ended, and the related schedules of assets (held at end of year) and delinquent participant contributions as of and for the year ended December 31, 2010. These financial statements and schedules 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 5, which was certified by TD Ameritrade Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Albany, New York

Bonadio & Co., LLP

6 Wembley Court
Albany, NY 12205-5808
p (518) 464-4080
f (518) 464-4087

ROCHESTER • BUFFALO
ALBANY • SYRACUSE
PERRY • GENEVA

www.bonadio.com

## BAST HATFIELD, INC. SAVINGS AND RETIREMENT PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
### DECEMBER 31, 2010 AND 2009

| | 2010 | 2009 |
|---|---|---|
| **ASSETS** | | |
| INVESTMENTS, at fair value: | | |
| Money market funds | $ 223,145 | $ 177,350 |
| Mutual funds | 9,999,968 | 8,551,247 |
| Total investments | 10,223,113 | 8,728,597 |
| RECEIVABLES: | | |
| Notes receivable from participants | 554,821 | 501,228 |
| Employer's contribution | 386,336 | 656,412 |
| Participants' contribution | 15,201 | 20,278 |
| Total receivables | 956,358 | 1,177,918 |
| | 11,179,471 | 9,906,515 |
| **LIABILITIES** | | |
| Excess 401(k) deferral refund payable | 2,103 | 2,103 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 11,177,368 | $ 9,904,412 |

The accompanying notes are an integral part of these statements.

## BAST HATFIELD, INC. SAVINGS AND RETIREMENT PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
### FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

| | 2010 | 2009 |
|---|---|---|
| ADDITIONS: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ 921,960 | $ 1,434,067 |
| Interest and dividends | 247,760 | 229,706 |
| Total investment income | 1,169,720 | 1,663,773 |
| Contributions: | | |
| Employer | 386,336 | 657,523 |
| Participant | 251,103 | 215,085 |
| Total contributions | 637,439 | 872,608 |
| Total additions | 1,807,159 | 2,536,381 |
| DEDUCTIONS: | | |
| Benefits paid to participants | 483,598 | 474,633 |
| Administrative expenses | 50,605 | 43,791 |
| Total deductions | 534,203 | 518,424 |
| CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS | 1,272,956 | 2,017,957 |
| NET ASSETS AVAILABLE FOR BENEFITS - beginning of year | 9,904,412 | 7,886,455 |
| NET ASSETS AVAILABLE FOR BENEFITS - end of year | $ 11,177,368 | $ 9,904,412 |

The accompanying notes are an integral part of these statements.

## 1. THE PLAN

The following description of the Bast Hatfield, Inc. Savings and Retirement Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering substantially all employees of the company who have at least 1,000 hours of service and are age twenty-one or older. The plan entry date is the earlier of the first day of the plan year or the first day of the seventh month of the plan year coinciding with or next following the date the eligibility requirements are satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions and Contributions Receivable

All employees subject to certain qualifications are eligible to participate in the 401(k) portion of the savings and retirement plan. Employees can elect to defer from 1% up to 100% of their eligible compensation, subject to certain limitations, to their 401(k) accounts. Rollover contributions from other plans and certain IRA's are permitted.

The employer may make profit sharing or matching contributions for eligible employees. The amount of these contributions, if any, is determined annually by the Board of Directors of Bast Hatfield, Inc. in its sole discretion each year. The employer is not required to make any profit sharing or matching contributions for any year. In addition, participants terminated during the year are not eligible for the employer contributions.

For 2010, the employer declared a matching contribution of 4.5% of eligible 401(k) deferrals. For 2010, the employer also authorized a profit sharing contribution of $382,127, $7,127 of which was funded through forfeitures. For 2009, the employer declared a matching contribution of 3% of eligible 401(k) deferrals. For 2009, the Company authorized a profit sharing contribution of $650,000.

At December 31, 2010 and 2009 the details of the employer portion of the contributions receivable were as follows:

| | 2010 | 2009 |
|---|---|---|
| Employer profit sharing | $ 375,000 | $ 650,000 |
| Employer match | 11,336 | 6,412 |
| Total employer contribution receivable | $ 386,336 | $ 656,412 |

## 1. THE PLAN (Continued)

### Participant Accounts

Each participant's account is credited with the participant's contributions, along with an allocation of (a) the Company's contributions, and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The entitled benefit is the participant's account balance subject to vesting.

**Forfeited Accounts**

For the years ended December 31, 2010 and 2009, forfeited amounts from nonvested accounts totaled $7,127 and $1,720, respectively. The balance of forfeited nonvested accounts is used to fund the employer contributions.

**Vesting**

Vesting in the companies' contributions, including profit sharing and the 401(k) match, plus earnings thereon, is based on years of continuous service. A participant is 100 percent vested after six years of credited service. Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

**Investment Options**

Upon enrollment in the Plan, participants may direct up to 100% of their compensation into twenty-one different fund options through regulated investment companies. Participants may elect any desired incremental allocation of the offered fund options.

Individual account performance is a result of the investment election choices made by the participant. Participants may change their investment options daily.

**Payment of Benefits**

On termination of service, a participant will receive an amount equal to the value of the participant's vested interest in his or her account in a qualified joint and survivor annuity, if married, or a life annuity, if not married, unless an alternative form of payment is elected. Alternative forms of payment include lump-sum payment in cash, the purchase of a different form of annuity, or installments over a period of not more than the participant's (or the participant and their beneficiary's) assumed life expectancy.

**Administrative Expenses**

The majority of Plan administrative expenses are paid by the Plan. The primary administrative expenses incurred for 2010 and 2009 were investment advisory/management fees and professional fees.

**Hardship Distributions**

Hardship distributions may be made from a participant's accumulated salary deferrals to satisfy certain qualified immediate and heavy financial needs.

**Notes Receivable from Participants**

Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan transactions are treated as a transfer from the investment funds to the notes receivable from participants' fund. Loans are amortized over a period not to exceed 5 years unless intended for the purchase of a principal residence. The loans are secured by the vested balance in the participant's account and bear interest at a reasonable rate of interest, as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions, which cannot be less frequently than quarterly.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**
The financial statements of the Plan are prepared in conformity with generally accepted accounting principles.

**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 at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**
Investments are stated at fair value based upon quoted market prices for mutual funds. Changes in the current value of investments, including unrealized and realized gains and losses on assets sold during the year, are reflected in the statement of changes in net assets available for benefits as appreciation or depreciation in the fair value of investments. 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.

**Risks and Uncertainties**
The Plan provides for various investment options in a variety of investment securities. Investment securities are exposed to various risks, such as interest rate risk, financial market risk and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statement of net assets available for benefits.

**Payment of Benefits**
Benefits to terminated participants are recorded when paid.

**Financial Instruments Measured at Fair Value**
The Plan has financial instruments which are recorded at fair value in the accompanying statements of net assets available for benefits. The Plan makes estimates regarding the valuation of assets and liabilities measured at fair value in the financial statements. These assets and liabilities include the investments in mutual funds and money market funds.

Fair Value Measurement - Definition and Hierarchy
Generally accepted accounting principles define 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.

The Plan uses various valuation techniques in determining fair value. Generally accepted accounting principles establish a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the assumptions market participants would use in pricing the asset or liability, developed based on the best information available in the circumstances.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Financial Instruments Measured at Fair Value (Continued)

Fair Value Measurement - Definition and Hierarchy (Continued)

The hierarchy is broken down into three levels based on the reliability of inputs as follows:

Level 1 Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

The Plan's investments in money market and mutual funds are primarily valued utilizing Level 1 inputs.

Level 2 Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly:

The Plan currently does not hold any Level 2 investments.

Level 3 Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The Plan currently does not hold any Level 3 investments.

The asset'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 nonobservable 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.

*Money market funds*: Valued based on the quoted market price of the investments reported by TD Ameritrade Trust Company.

*Mutual funds*: Valued based on the quoted market price of the investments reported by TD Ameritrade Trust Company.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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 Plan was provided asset classification by the Plan trustee, TD Ameritrade Trust Company.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Financial Instruments Measured at Fair Value (Continued)

At December 31, 2010, the Plan's investments are measured at fair value on a recurring basis and are valued as follows:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 223,145 | $ - | $ - | $ 223,145 |
| Mutual funds | 9,999,968 | - | - | 9,999,968 |
| Total assets at fair value | $ 10,223,113 | $ - | $ - | $ 10,223,113 |

At December 31, 2009, the Plan's investments are measured at fair value on a recurring basis and are valued as follows:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 177,350 | $ - | $ - | $ 177,350 |
| Mutual funds | 8,551,247 | - | - | 8,551,247 |
| Total assets at fair value | $ 8,728,597 | $ - | $ - | $ 8,728,597 |

### Change in Accounting Principle

In September 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25). ASU 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. The Plan adopted ASU 2010-25 in the 2010 financial statements, and has retrospectively applied to the financial statements and notes. The adoption of ASU 2010-25 was not significant as the unpaid principal balance plus accrued interest on participant loans approximated fair value.

### Reclassifications

Certain reclassifications have been made to the 2009 financial statement presentation to correspond to the current year's format. Total net assets available for benefits and change in net assets available for benefits are unchanged due to these reclassifications.

## 3. INVESTMENTS

The Plan's investments are held in a bank-administered trust fund. Investments that represent 5% or more of the Plan's net assets are as follows as of December 31:

| | 2010 | 2009 |
|---|---|---|
| Vanguard Target Retirement Fund 2030 | $ 2,120,093 | $ 1,913,290 |
| Vanguard Target Retirement Fund 2025 | 1,768,903 | 1,548,487 |
| Vanguard Target Retirement Fund 2020 | 882,232 | 707,713 |
| Vanguard Target Retirement Fund 2015 | 666,605 | 723,289 |
| Vanguard Target Retirement Fund 2010 | 643,601 | 583,828 |
| Vanguard Intermediate - Term U.S. Treasury Portfolio | 532,662 | 443,518 |
| Other investments individually less than 5% | 3,609,017 | 2,808,472 |
| Total investments | $ 10,223,113 | $ 8,728,597 |

During 2010 and 2009, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $921,960 and $1,434,067, respectively.

## 4. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows participants of the Plan to invest in TD Bank MMDA Institutional fund, which is managed by TD Ameritrade Trust Company, the trustee of the Plan and has allowed employees who are participants to receive loans under specific circumstances. As such, transactions between the participants investing in TD Bank MMDA Institutional fund and participants with loans and the Plan qualify as party-in-interest transactions.

## 5. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee, TD Ameritrade Trust Company, as of and for the years ended December 31:

| | 2010 | 2009 |
|---|---|---|
| Investments at fair value | $ 10,223,113 | $ 8,728,597 |
| Net appreciation in fair value of investments | $ 921,960 | $ 1,434,067 |
| Interest and dividend income | $ 247,760 | $ 229,706 |
| Schedule of Assets (Held at End of Year) | | Schedule I |
| Schedule of Delinquent Participant Contributions | | Schedule II |

## 6. 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. In the event of Plan termination, participants will become 100% vested in their accounts.

## 7. TAX STATUS

The Plan is tax-exempt under Section 401(b)(3) of the Internal Revenue Code. The Plan obtained its latest determination letter on September 21, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

As of December 31, 2010 and 2009 the Plan does not have a liability for unrecognized tax benefits. The Plan files the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction. The Plan is no longer subject to U.S. federal tax examinations for years before 2007.

## 8. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 23, 2011 which is the date the financial statements were available to be issued.

**BAST HATFIELD, INC. SAVINGS AND RETIREMENT PLAN** SCHEDULE I

**PLAN # 001 EIN #14-1593432**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2010**

| ( 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 |
|---|---|---|---|---|
| * | TD Bank MMDA Institutional | Money Market Fund | Omitted - | $ 223,145 |
| | American Funds AMCAP | Mutual Fund | Participant | 219,266 |
| | American Funds Fundamental Investors | Mutual Fund | Directed | 284,045 |
| | Buffalo Small Cap Fund | Mutual Fund | | 182,658 |
| | Dodge & Cox Income Fund | Mutual Fund | | 472,169 |
| | Dodge & Cox International Stock Fund | Mutual Fund | | 496,446 |
| | Munder Mid Cap Core Growth Fund Class A | Mutual Fund | | 154,365 |
| | Selected American Shares | Mutual Fund | | 140,322 |
| | Vanguard Index Small Cap | Mutual Fund | | 1,780 |
| | Vanguard Index Trust-500 Portfolio | Mutual Fund | | 204,872 |
| | Vanguard Intermediate-Term U.S. Treas Portfolio | Mutual Fund | | 532,662 |
| | Vanguard Target Retirement 2005 Fund | Mutual Fund | | 153,425 |
| | Vanguard Target Retirement 2010 Fund | Mutual Fund | | 643,601 |
| | Vanguard Target Retirement 2015 Fund | Mutual Fund | | 666,605 |
| | Vanguard Target Retirement 2020 Fund | Mutual Fund | | 882,232 |
| | Vanguard Target Retirement 2025 Fund | Mutual Fund | | 1,768,903 |
| | Vanguard Target Retirement 2030 Fund | Mutual Fund | | 2,120,093 |
| | Vanguard Target Retirement 2035 Fund | Mutual Fund | | 404,496 |
| | Vanguard Target Retirement 2040 Fund | Mutual Fund | | 363,003 |
| | Vanguard Target Retirement 2045 Fund | Mutual Fund | | 227,931 |
| | Vanguard Target Retirement 2050 Fund | Mutual Fund | | 81,094 |
| | | | | 10,223,113 |
| * | Notes receivable from participants | 4.25 - 9.25%, maturing from 2011 through 2015 | | 554,821 |
| | TOTAL ASSETS HELD FOR INVESTMENT PURPOSES | | | $ 10,777,934 |

* Denotes party-in-interest

The accompanying notes are an integral part of these schedules.

**PLAN # 001 EIN #14-1593432**
**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | | Total that Constitute Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|---|
| | Participant Contributions Transferred Late to Plan | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| * | $ 61,347 | - | $ 61,347 | - | - |

* Participant loan repayments are included

The accompanying notes are an integral part of these schedules.

# BAST HATFIELD, INC.SAVINGS AND RETIREMENT PLAN

**Financial Statements**
**as of December 31, 2010 and 2009**
**Together with**
**Independent Auditors' Report**

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

**INDEPENDENT AUDITORS' REPORT**

September 23, 2011

To the Trustees
Bast Hatfield, Inc. Savings and Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Bast Hatfield, Inc. Savings and Retirement Plan (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the years then ended, and the related schedules of assets (held at end of year) and delinquent participant contributions as of and for the year ended December 31, 2010. These financial statements and schedules 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 5, which was certified by TD Ameritrade Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Albany, New York

Bonadio & Co., LLP

6 Wembley Court
Albany, NY 12205-5808
p (518) 464-4080
f (518) 464-4087

ROCHESTER • BUFFALO
ALBANY • SYRACUSE
PERRY • GENEVA

www.bonadio.com

## BAST HATFIELD, INC. SAVINGS AND RETIREMENT PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
### DECEMBER 31, 2010 AND 2009

| | 2010 | 2009 |
|---|---|---|
| **ASSETS** | | |
| INVESTMENTS, at fair value: | | |
| Money market funds | $ 223,145 | $ 177,350 |
| Mutual funds | 9,999,968 | 8,551,247 |
| Total investments | 10,223,113 | 8,728,597 |
| RECEIVABLES: | | |
| Notes receivable from participants | 554,821 | 501,228 |
| Employer's contribution | 386,336 | 656,412 |
| Participants' contribution | 15,201 | 20,278 |
| Total receivables | 956,358 | 1,177,918 |
| | 11,179,471 | 9,906,515 |
| **LIABILITIES** | | |
| Excess 401(k) deferral refund payable | 2,103 | 2,103 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 11,177,368 | $ 9,904,412 |

The accompanying notes are an integral part of these statements.

## BAST HATFIELD, INC. SAVINGS AND RETIREMENT PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
### FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

| | 2010 | 2009 |
|---|---|---|
| ADDITIONS: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ 921,960 | $ 1,434,067 |
| Interest and dividends | 247,760 | 229,706 |
| Total investment income | 1,169,720 | 1,663,773 |
| Contributions: | | |
| Employer | 386,336 | 657,523 |
| Participant | 251,103 | 215,085 |
| Total contributions | 637,439 | 872,608 |
| Total additions | 1,807,159 | 2,536,381 |
| DEDUCTIONS: | | |
| Benefits paid to participants | 483,598 | 474,633 |
| Administrative expenses | 50,605 | 43,791 |
| Total deductions | 534,203 | 518,424 |
| CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS | 1,272,956 | 2,017,957 |
| NET ASSETS AVAILABLE FOR BENEFITS - beginning of year | 9,904,412 | 7,886,455 |
| NET ASSETS AVAILABLE FOR BENEFITS - end of year | $ 11,177,368 | $ 9,904,412 |

The accompanying notes are an integral part of these statements.

## 1. THE PLAN

The following description of the Bast Hatfield, Inc. Savings and Retirement Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering substantially all employees of the company who have at least 1,000 hours of service and are age twenty-one or older. The plan entry date is the earlier of the first day of the plan year or the first day of the seventh month of the plan year coinciding with or next following the date the eligibility requirements are satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions and Contributions Receivable

All employees subject to certain qualifications are eligible to participate in the 401(k) portion of the savings and retirement plan. Employees can elect to defer from 1% up to 100% of their eligible compensation, subject to certain limitations, to their 401(k) accounts. Rollover contributions from other plans and certain IRA's are permitted.

The employer may make profit sharing or matching contributions for eligible employees. The amount of these contributions, if any, is determined annually by the Board of Directors of Bast Hatfield, Inc. in its sole discretion each year. The employer is not required to make any profit sharing or matching contributions for any year. In addition, participants terminated during the year are not eligible for the employer contributions.

For 2010, the employer declared a matching contribution of 4.5% of eligible 401(k) deferrals. For 2010, the employer also authorized a profit sharing contribution of $382,127, $7,127 of which was funded through forfeitures. For 2009, the employer declared a matching contribution of 3% of eligible 401(k) deferrals. For 2009, the Company authorized a profit sharing contribution of $650,000.

At December 31, 2010 and 2009 the details of the employer portion of the contributions receivable were as follows:

| | 2010 | 2009 |
|---|---|---|
| Employer profit sharing | $ 375,000 | $ 650,000 |
| Employer match | 11,336 | 6,412 |
| Total employer contribution receivable | $ 386,336 | $ 656,412 |

## 1. THE PLAN (Continued)

### Participant Accounts

Each participant's account is credited with the participant's contributions, along with an allocation of (a) the Company's contributions, and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The entitled benefit is the participant's account balance subject to vesting.

**Forfeited Accounts**

For the years ended December 31, 2010 and 2009, forfeited amounts from nonvested accounts totaled $7,127 and $1,720, respectively. The balance of forfeited nonvested accounts is used to fund the employer contributions.

**Vesting**

Vesting in the companies' contributions, including profit sharing and the 401(k) match, plus earnings thereon, is based on years of continuous service. A participant is 100 percent vested after six years of credited service. Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

**Investment Options**

Upon enrollment in the Plan, participants may direct up to 100% of their compensation into twenty-one different fund options through regulated investment companies. Participants may elect any desired incremental allocation of the offered fund options.

Individual account performance is a result of the investment election choices made by the participant. Participants may change their investment options daily.

**Payment of Benefits**

On termination of service, a participant will receive an amount equal to the value of the participant's vested interest in his or her account in a qualified joint and survivor annuity, if married, or a life annuity, if not married, unless an alternative form of payment is elected. Alternative forms of payment include lump-sum payment in cash, the purchase of a different form of annuity, or installments over a period of not more than the participant's (or the participant and their beneficiary's) assumed life expectancy.

**Administrative Expenses**

The majority of Plan administrative expenses are paid by the Plan. The primary administrative expenses incurred for 2010 and 2009 were investment advisory/management fees and professional fees.

**Hardship Distributions**

Hardship distributions may be made from a participant's accumulated salary deferrals to satisfy certain qualified immediate and heavy financial needs.

**Notes Receivable from Participants**

Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan transactions are treated as a transfer from the investment funds to the notes receivable from participants' fund. Loans are amortized over a period not to exceed 5 years unless intended for the purchase of a principal residence. The loans are secured by the vested balance in the participant's account and bear interest at a reasonable rate of interest, as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions, which cannot be less frequently than quarterly.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**
The financial statements of the Plan are prepared in conformity with generally accepted accounting principles.

**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 at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**
Investments are stated at fair value based upon quoted market prices for mutual funds. Changes in the current value of investments, including unrealized and realized gains and losses on assets sold during the year, are reflected in the statement of changes in net assets available for benefits as appreciation or depreciation in the fair value of investments. 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.

**Risks and Uncertainties**
The Plan provides for various investment options in a variety of investment securities. Investment securities are exposed to various risks, such as interest rate risk, financial market risk and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statement of net assets available for benefits.

**Payment of Benefits**
Benefits to terminated participants are recorded when paid.

**Financial Instruments Measured at Fair Value**
The Plan has financial instruments which are recorded at fair value in the accompanying statements of net assets available for benefits. The Plan makes estimates regarding the valuation of assets and liabilities measured at fair value in the financial statements. These assets and liabilities include the investments in mutual funds and money market funds.

Fair Value Measurement - Definition and Hierarchy
Generally accepted accounting principles define 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.

The Plan uses various valuation techniques in determining fair value. Generally accepted accounting principles establish a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the assumptions market participants would use in pricing the asset or liability, developed based on the best information available in the circumstances.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Financial Instruments Measured at Fair Value (Continued)

Fair Value Measurement - Definition and Hierarchy (Continued)

The hierarchy is broken down into three levels based on the reliability of inputs as follows:

Level 1 Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

The Plan's investments in money market and mutual funds are primarily valued utilizing Level 1 inputs.

Level 2 Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly:

The Plan currently does not hold any Level 2 investments.

Level 3 Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The Plan currently does not hold any Level 3 investments.

The asset'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 nonobservable 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.

*Money market funds*: Valued based on the quoted market price of the investments reported by TD Ameritrade Trust Company.

*Mutual funds*: Valued based on the quoted market price of the investments reported by TD Ameritrade Trust Company.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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 Plan was provided asset classification by the Plan trustee, TD Ameritrade Trust Company.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Financial Instruments Measured at Fair Value (Continued)

At December 31, 2010, the Plan's investments are measured at fair value on a recurring basis and are valued as follows:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 223,145 | $ - | $ - | $ 223,145 |
| Mutual funds | 9,999,968 | - | - | 9,999,968 |
| Total assets at fair value | $ 10,223,113 | $ - | $ - | $ 10,223,113 |

At December 31, 2009, the Plan's investments are measured at fair value on a recurring basis and are valued as follows:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 177,350 | $ - | $ - | $ 177,350 |
| Mutual funds | 8,551,247 | - | - | 8,551,247 |
| Total assets at fair value | $ 8,728,597 | $ - | $ - | $ 8,728,597 |

### Change in Accounting Principle

In September 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25). ASU 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. The Plan adopted ASU 2010-25 in the 2010 financial statements, and has retrospectively applied to the financial statements and notes. The adoption of ASU 2010-25 was not significant as the unpaid principal balance plus accrued interest on participant loans approximated fair value.

### Reclassifications

Certain reclassifications have been made to the 2009 financial statement presentation to correspond to the current year's format. Total net assets available for benefits and change in net assets available for benefits are unchanged due to these reclassifications.

## 3. INVESTMENTS

The Plan's investments are held in a bank-administered trust fund. Investments that represent 5% or more of the Plan's net assets are as follows as of December 31:

| | 2010 | 2009 |
|---|---|---|
| Vanguard Target Retirement Fund 2030 | $ 2,120,093 | $ 1,913,290 |
| Vanguard Target Retirement Fund 2025 | 1,768,903 | 1,548,487 |
| Vanguard Target Retirement Fund 2020 | 882,232 | 707,713 |
| Vanguard Target Retirement Fund 2015 | 666,605 | 723,289 |
| Vanguard Target Retirement Fund 2010 | 643,601 | 583,828 |
| Vanguard Intermediate - Term U.S. Treasury Portfolio | 532,662 | 443,518 |
| Other investments individually less than 5% | 3,609,017 | 2,808,472 |
| Total investments | $ 10,223,113 | $ 8,728,597 |

During 2010 and 2009, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $921,960 and $1,434,067, respectively.

## 4. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows participants of the Plan to invest in TD Bank MMDA Institutional fund, which is managed by TD Ameritrade Trust Company, the trustee of the Plan and has allowed employees who are participants to receive loans under specific circumstances. As such, transactions between the participants investing in TD Bank MMDA Institutional fund and participants with loans and the Plan qualify as party-in-interest transactions.

## 5. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee, TD Ameritrade Trust Company, as of and for the years ended December 31:

| | 2010 | 2009 |
|---|---|---|
| Investments at fair value | $ 10,223,113 | $ 8,728,597 |
| Net appreciation in fair value of investments | $ 921,960 | $ 1,434,067 |
| Interest and dividend income | $ 247,760 | $ 229,706 |
| Schedule of Assets (Held at End of Year) | | Schedule I |
| Schedule of Delinquent Participant Contributions | | Schedule II |

## 6. 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. In the event of Plan termination, participants will become 100% vested in their accounts.

## 7. TAX STATUS

The Plan is tax-exempt under Section 401(b)(3) of the Internal Revenue Code. The Plan obtained its latest determination letter on September 21, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

As of December 31, 2010 and 2009 the Plan does not have a liability for unrecognized tax benefits. The Plan files the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction. The Plan is no longer subject to U.S. federal tax examinations for years before 2007.

## 8. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 23, 2011 which is the date the financial statements were available to be issued.

**BAST HATFIELD, INC. SAVINGS AND RETIREMENT PLAN** SCHEDULE I

**PLAN # 001 EIN #14-1593432**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2010**

| ( 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 |
|---|---|---|---|---|
| * | TD Bank MMDA Institutional | Money Market Fund | Omitted - | $ 223,145 |
| | American Funds AMCAP | Mutual Fund | Participant | 219,266 |
| | American Funds Fundamental Investors | Mutual Fund | Directed | 284,045 |
| | Buffalo Small Cap Fund | Mutual Fund | | 182,658 |
| | Dodge & Cox Income Fund | Mutual Fund | | 472,169 |
| | Dodge & Cox International Stock Fund | Mutual Fund | | 496,446 |
| | Munder Mid Cap Core Growth Fund Class A | Mutual Fund | | 154,365 |
| | Selected American Shares | Mutual Fund | | 140,322 |
| | Vanguard Index Small Cap | Mutual Fund | | 1,780 |
| | Vanguard Index Trust-500 Portfolio | Mutual Fund | | 204,872 |
| | Vanguard Intermediate-Term U.S. Treas Portfolio | Mutual Fund | | 532,662 |
| | Vanguard Target Retirement 2005 Fund | Mutual Fund | | 153,425 |
| | Vanguard Target Retirement 2010 Fund | Mutual Fund | | 643,601 |
| | Vanguard Target Retirement 2015 Fund | Mutual Fund | | 666,605 |
| | Vanguard Target Retirement 2020 Fund | Mutual Fund | | 882,232 |
| | Vanguard Target Retirement 2025 Fund | Mutual Fund | | 1,768,903 |
| | Vanguard Target Retirement 2030 Fund | Mutual Fund | | 2,120,093 |
| | Vanguard Target Retirement 2035 Fund | Mutual Fund | | 404,496 |
| | Vanguard Target Retirement 2040 Fund | Mutual Fund | | 363,003 |
| | Vanguard Target Retirement 2045 Fund | Mutual Fund | | 227,931 |
| | Vanguard Target Retirement 2050 Fund | Mutual Fund | | 81,094 |
| | | | | 10,223,113 |
| * | Notes receivable from participants | 4.25 - 9.25%, maturing from 2011 through 2015 | | 554,821 |
| | TOTAL ASSETS HELD FOR INVESTMENT PURPOSES | | | $ 10,777,934 |

* Denotes party-in-interest

The accompanying notes are an integral part of these schedules.

**PLAN # 001 EIN #14-1593432**
**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | | Total that Constitute Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|---|
| | Participant Contributions Transferred Late to Plan | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| * | $ 61,347 | - | $ 61,347 | - | - |

* Participant loan repayments are included

The accompanying notes are an integral part of these schedules.