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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                            | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                            | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                            | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                 |                                                                |              |  |
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| <b>Part II</b>                                                                                                                                                                                                  | <b>Basic Plan Information</b> —enter all requested information |              |  |
| <b>1a</b> Name of plan<br>EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN                                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ►                       | 003          |  |
|                                                                                                                                                                                                                 | <b>1c</b> Effective date of plan                               | 02/15/1993   |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br>EFW INC.<br><br>4700 MARINE CREEK PARKWAY<br>FORT WORTH, TX 76136-6969 | <b>2b</b> Employer Identification Number (EIN)                 | 51-0345236   |  |
|                                                                                                                                                                                                                 | <b>2c</b> Sponsor's telephone number                           | 817-234-6600 |  |
|                                                                                                                                                                                                                 | <b>2d</b> Business code (see instructions)                     | 334410       |  |
|                                                                                                                                                                                                                 |                                                                |              |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2011 | MICHAEL KENT                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                   |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>EFW INC.<br><br>4700 MARINE CREEK PARKWAY<br>FORT WORTH, TX 76136-6969 | <b>3b</b> Administrator's EIN<br>51-0345236<br><br><b>3c</b> Administrator's telephone number<br>817-234-6600 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
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|                                                                         |          |     |
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| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 957 |
|-------------------------------------------------------------------------|----------|-----|

  

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 755 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 1   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 178 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 934 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 935 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 887 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 70  |

  

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

  

**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 2S 2T 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 003                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>EFW INC.                                                                                                                                                 | <b>D</b> Employer Identification Number (EIN)<br>51-0345236                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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**(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)

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 37 38 49<br>50 64 65 99    | N/A                                                                                                      | 16914                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 78287                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

RELiance TRUST COMPANY

58-1428634

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 19 99 25                      | N/A                                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 2537                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

BANK OF AMERICA, NA

94-1687665

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 51 56 59 60<br>63 72          | N/A                                                                                                      | 24925                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 107406                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

GPC SECURITIES, INC

58-1517899

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 64 65                      | N/A                                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 10151                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|
| HARTFORD RETIREMENT SERVICES, LLC                                                                                                                                                                                       | 15                                      | 78287                                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>BANK OF AMERICA CORPORATION<br><br>94-1687665                                                                                         |                                         |                                                            |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>SEE FORM 5500 SCHEDULE C REPORT ATTACHMENT |                                         |                                                            |
| <b>(a)</b> Enter service provider name as it appears on line 2<br><br>RELIANCE TRUST COMPANY                                                                                                                            |                                         |                                                            |
| <b>(b)</b> Service Codes<br>(see instructions)<br>19 99                                                                                                                                                                 |                                         | <b>(c)</b> Enter amount of indirect compensation<br>2537   |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>HARTFORD RETIREMENT SERVICES<br><br>26-1589907                                                                                        |                                         |                                                            |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>SEE FORM 5500 SCHEDULE C REPORT ATTACHMENT |                                         |                                                            |
| <b>(a)</b> Enter service provider name as it appears on line 2<br><br>BANK OF AMERICA, NA                                                                                                                               |                                         |                                                            |
| <b>(b)</b> Service Codes<br>(see instructions)<br>56 59 60 63 72                                                                                                                                                        |                                         | <b>(c)</b> Enter amount of indirect compensation<br>107406 |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>SEE FORM 5500 SCHEDULE C ATTACHMENT<br><br>94-1687665                                                                                 |                                         |                                                            |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>SEE FORM 5500 SCHEDULE C REPORT ATTACHMENT |                                         |                                                            |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| GPC SECURITIES                                          | 15 64 65                                | 10151                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HARTFORD RETIREMENT SERVICES<br><br>26-1589907                      | SEE FORM 5500 SCHEDULE C REPORT ATTACHMENT                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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 |
|                                                                          |                               |                                                                                     |

|                 |                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(complete as many entries as needed) |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>       |  |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| A Name of plan<br>EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN                                                                                                                            |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 003                                                                  |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>EFW INC.                                                                                                                    |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>51-0345236                                                  |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE ASSET FUND                                                                                                                                    |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN 22-6459529-001                                                                                                                                                                      |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10192096 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12                                               |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>EFW INC. SUPPLEMENTAL SAVINGS &amp; INVESTMENT PLAN</b>                      | <b>B</b> Three-digit plan number (PN) ►                                | <b>003</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EFW INC.</b>                         | <b>D</b> Employer Identification Number (EIN)<br><br><b>51-0345236</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 76527                 | 87899           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 1740095               | 1950218         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 10607107              | 10192096        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 32605008              | 40815353        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 45028737              | 53045566        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 45028737 | 53045566 |
|-----------------------------------------------------------|-----------|----------|----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2036039    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 4753455    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 261159     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 7050653   |

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

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |       |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |       |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 96328 |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 96328 |

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |         |         |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |         |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 1362861 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |         | 1362861 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 472899    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 3222774   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 12205515  |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 4147050 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 4147050 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 16914   |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 24722   |         |
| (4) Other .....                                                                            | <b>2i(4)</b> |         |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 41636   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 4188686 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 8016829 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: WHITLEY PENN, LLP

(2) EIN: 75-2393478

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>EFW INC. SUPPLEMENTAL SAVINGS &amp; INVESTMENT PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>003</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EFW INC.</u>    | <b>D</b> Employer Identification Number (EIN)<br><u>51-0345236</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                                   |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                             | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): <u>06-0974148</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                   | <b>3</b> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                               | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**EFW INC. SUPPLEMENTAL SAVINGS  
& INVESTMENT PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2010 and 2009  
with Report of Independent Auditors**

**EFW INC. SUPPLEMENTAL SAVINGS  
& INVESTMENT PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2010 and 2009**

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**NOTE:** All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has been included in the financial statements or notes thereto.

**REPORT OF INDEPENDENT AUDITORS**

To the Plan Administrator and Participants of the  
EFW Inc. Supplemental Savings & Investment Plan

We were engaged to audit the financial statements of the EFW Inc. Supplemental Savings & Investment Plan as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information which was certified by Reliance Trust Company, as agent for Bank of America, N.A., 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 agent of 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Reliance Trust Company, as agent for Bank of America, N.A, 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.



Fort Worth, Texas  
October 11, 2011



**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                                                                                                      | <b>December 31,</b>         |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                                                                                                      | <b>2010</b>                 | <b>2009</b>                 |
| <b>Assets</b>                                                                                                                                        |                             |                             |
| Investments, at fair value:                                                                                                                          |                             |                             |
| Mutual funds                                                                                                                                         | \$ 40,815,353               | \$ 32,605,008               |
| Common collective trust                                                                                                                              | 10,192,096                  | 10,607,107                  |
| Total investments                                                                                                                                    | <u>51,007,449</u>           | <u>43,212,115</u>           |
| Receivables:                                                                                                                                         |                             |                             |
| Notes receivable from participants                                                                                                                   | 1,950,218                   | 1,740,095                   |
| Employer contributions                                                                                                                               | 87,899                      | 76,527                      |
| Total receivables                                                                                                                                    | <u>2,038,117</u>            | <u>1,816,622</u>            |
| Net assets available for benefits at fair value                                                                                                      | 53,045,566                  | 45,028,737                  |
| Adjustment from fair value to contract value<br>for interests in common collective trust relating<br>to fully benefit-responsive investment contract | <u>(246,001)</u>            | <u>(43,807)</u>             |
| Net assets available for benefits                                                                                                                    | <u><u>\$ 52,799,565</u></u> | <u><u>\$ 44,984,930</u></u> |

See accompanying notes to financial statements.

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                        | <b>Year Ended December 31,</b> |                             |
|--------------------------------------------------------|--------------------------------|-----------------------------|
|                                                        | <b>2010</b>                    | <b>2009</b>                 |
| <b>Additions to Net Assets</b>                         |                                |                             |
| Investment income:                                     |                                |                             |
| Net realized and unrealized gains                      |                                |                             |
| on investments                                         | \$ 3,493,478                   | \$ 5,713,501                |
| Interest and dividends                                 | 1,362,861                      | 1,070,942                   |
| Total investment income                                | <u>4,856,339</u>               | <u>6,784,443</u>            |
| Interest income on notes receivable from participants  | 96,328                         | 95,027                      |
| Contributions:                                         |                                |                             |
| Participants                                           | 4,753,455                      | 4,574,304                   |
| Employer                                               | 2,036,039                      | 1,879,054                   |
| Rollover                                               | 261,159                        | 394,124                     |
| Total contributions                                    | <u>7,050,653</u>               | <u>6,847,482</u>            |
| Total additions to net assets                          | 12,003,320                     | 13,726,952                  |
| <b>Deductions from Net Assets</b>                      |                                |                             |
| Benefits paid to participants                          | 4,147,050                      | 1,894,254                   |
| Administrative expenses                                | 41,635                         | 42,983                      |
| Total deductions from net assets                       | <u>4,188,685</u>               | <u>1,937,237</u>            |
| Net increase in net assets available for benefits      | 7,814,635                      | 11,789,715                  |
| Net assets available for benefits at beginning of year | <u>44,984,930</u>              | <u>33,195,215</u>           |
| Net assets available for benefits at end of year       | <u><u>\$ 52,799,565</u></u>    | <u><u>\$ 44,984,930</u></u> |

See accompanying notes to financial statements.

# **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2010 and 2009**

### **A. Description of the Plan**

#### **General**

The following brief description of the EFW Inc. Supplemental Savings & Investment Plan (the “Plan”) is provided for general information purposes only. The Plan is sponsored by EFW Inc. (the “Company”). Participants should refer to the Plan document for more complete information.

The Plan is a defined contribution plan covering substantially all employees of the Company on their first day of employment after the completion of one hour of service. Eligible employees may enter the Plan on the first day of the month coinciding with or following the date on which an employee meets the eligibility requirements. The Plan has an automatic enrollment feature whereby employees that do not make a pre-tax salary deferral election prior to their eligibility date will be automatically enrolled in the Plan beginning with the next pay cycle or as soon as administratively feasible. The automatic pre-tax contribution will be established at 5% of an employee’s eligible compensation, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The purpose of the Plan is to encourage the Company’s employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of death.

#### **Contributions**

Participants may contribute up to 30% of their annual compensation, as defined by the Plan on a pre-tax basis, subject to limitations on total annual additions and other limitations imposed by the Internal Revenue Code (the “Code”) as defined by the Plan document. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans as well as voluntary non-deductible contributions.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the end of the year are permitted to make catch-up contributions in accordance with, and subject to the annual limitations imposed by the Code (\$5,500 for both 2010 and 2009).

Company matching contributions are non-discretionary and are based on a participant’s compensation contributed as an elective deferral. For the years ended December 31, 2010 and 2009, the Company made matching contributions at the rate of 50% of the first 10% of the participant’s compensation contributed as elective deferrals. The Plan was amended effective January 1, 2010 in which all non-represented employees hired after December 31, 2009 will receive a Company contribution in the amount of 3% of their eligible compensation upon attainment of 12 continuous months of service. The Company will begin making this 3% Company contribution on January 1, 2011 and eligible non-represented employees are not required to make a contribution to the Plan in order to receive this Company contribution.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### A. Description of the Plan – continued

##### Participant Accounts

Each participant account is credited with the participant contributions and an allocation of Company contributions, Plan earnings and forfeitures of terminated participants' non-vested accounts. 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.

##### Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in Company contributions, plus actual earnings thereon is as follows:

| <b>Number of Completed<br/>Years of Service</b> | <b>Vesting<br/>Percentage</b> |
|-------------------------------------------------|-------------------------------|
| Less than 1 year                                | 0%                            |
| 1 year                                          | 20%                           |
| 2 years                                         | 40%                           |
| 3 years                                         | 60%                           |
| 4 years                                         | 80%                           |
| 5 years                                         | 100%                          |

In the event of disability, early retirement, or death, the participant will immediately become fully vested in all Company contributions and earnings thereon.

##### Notes Receivable from Participants

Participants may borrow from their account balance an amount not exceeding the lesser of 50% of their vested account balance or \$50,000. The minimum loan amount is \$1,000. Loan terms range from one to five years or, in the case of a loan to acquire or construct the primary residence of a participant, a period not to exceed 10 years. The loans are secured by the non-forfeitable balance in the participant's account. As stated in the loan policy, new or renewed loans bear interest at the prime rate as published in the *Wall Street Journal* plus one percent. As of December 31, 2010 and 2009, interest rates on outstanding loans range from 4.25% to 10.50%. Principal and interest are paid ratably through payroll deductions.

##### Benefit Payments

Upon termination of service, death, disability, or retirement, if the value of the participant's vested account balance is not greater than \$5,000, the participant will receive a lump-sum distribution of the value of the entire vested portion of such account balance and any non-vested portion will be treated as a forfeiture. If the value of the participant's vested account balance is greater than \$5,000, the participant (and beneficiary, if applicable) may receive a lump-sum distribution equal to the vested value of his or her account or they may elect to defer receiving a payment until a later time, as defined by the Plan document.

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **A. Description of the Plan – continued**

##### **Benefit Payments – continued**

A participant may receive a hardship distribution from salary reduction contributions if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, their spouse or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from their principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) payment for burial or funeral expenses for the participant's spouse, parent, children or dependent; or, (6) expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Code section 165.

##### **Forfeitures**

Forfeited balances of terminated participants' non-vested accounts are used to offset Company matching contributions for the year.

##### **Investment Options**

Upon enrollment in the Plan, a participant may direct the investment of all contributions to the Plan among the investment alternatives made available by the Company under the Plan, which vary in degree of risk. Participants may change their investment options daily.

##### **Plan Expenses**

Employees of the Company perform certain administrative functions of the Plan with no compensation from the Plan. In accordance with Plan provisions, the Company pays substantially all costs relating to asset charges and recordkeeping. Additionally, the majority of administrative costs of the Plan are paid by the Company and are not reflected in the accompanying financial statements except for those expenses paid by Plan participants.

#### **B. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

The financial statements of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

##### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (*continued*)

#### **B. Summary of Significant Accounting Policies – continued**

##### **Investments Valuation and Income**

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic No. 820, *Fair Value Measurements and Disclosures*. FASB ASC Topic No. 820 defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

##### **Fully Benefit-Responsive Investment Contracts**

The Plan accounts for synthetic guaranteed investment contracts at contract value in accordance with FASB ASC Topic No. 962, *Plan Accounting—Defined Contribution Pension Plans*. A synthetic guaranteed investment contract is an investment contract in which the Plan owns the underlying assets and purchases fully benefit-responsive wrapper contracts from independent third parties, which provide market value and cash flow risk protection to the Plan.

Investment contracts held by a defined contribution plan are typically reported at fair value. However, under FASB ASC Topic No. 962, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by FASB ASC Topic No. 962, the accompanying statement of net assets available for benefits presents the fair value of the investment contracts and the adjustment from fair value to contract value. The accompanying statements of changes in net assets available for benefits are prepared on a basis that reflects income credited to participants but not realized and unrealized gains and losses on the investment contracts (contract value).

##### **Contributions**

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the plan administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **B. Summary of Significant Accounting Policies – continued**

##### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Recently Issued Accounting Pronouncements**

In January 2010, the FASB issued Accounting Standards Update (“ASU”) 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended FASB ASC Topic No. 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each “class” of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009 and was adopted by the Plan during the year ended December 31, 2010.

In September 2010, the FASB issued ASU No. 2010-25, *Plan Accounting – Defined Contribution Pension Plans (ASC 962): Reporting Loans to Participants by Defined Contribution Pension Plan*. 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. This standard is effective for financial statements issued for fiscal years ending after December 15, 2010, and was adopted by the Plan in the year ended December 31, 2010.

##### **Reclassifications**

Certain 2009 amounts were reclassified to conform to the 2010 presentation.

# EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

## NOTES TO FINANCIAL STATEMENTS *(continued)*

### C. Investments

Individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31, are as follows:

|                                                   | <u>2010</u>   | <u>2009</u>   |
|---------------------------------------------------|---------------|---------------|
| Bank of America, N.A. Stable Asset Fund           | \$ 10,192,096 | \$ 10,607,107 |
| American Funds Income Fund – Class R-4            | 7,603,025     | 5,289,304     |
| Columbia LifeGoal Balanced Growth – Class Z       | 5,194,541     | 4,684,644     |
| Pimco Total Return Administrative Class           | 4,614,872     | 3,303,648     |
| American Funds Growth Fund of America – Class R-4 | 3,375,740     | 2,960,561     |
| American Funds Europacific Growth – Class R-4     | 3,247,574     | 2,957,610     |
| Blackrock Large Cap Core Plus Institutional       | **            | 2,378,872     |

\*\* Represents less than 5% of the Plan's net assets available for benefits.

The Plan had net realized and unrealized gains on investments of \$3,493,478 and 5,713,501 during 2010 and 2009, respectively. The gains and losses were comprised solely from mutual funds.

### D. Fair Value Measurements

FASB ASC Topic No. 820 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 three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined in FASB ASC Topic No. 820 are as follows:

Level 1 – Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date. The fair values of the mutual funds are considered Level 1 as the investments have readily available quoted prices in active markets.

Level 2 – Inputs (other than quoted prices included in Level 1) are either directly or indirectly observable for the assets or liabilities through correlation with market data at the measurement date and for the duration of the instruments' anticipated life. The fair value of the common collective trust is considered Level 2 as its fair value is determined by values reported by the Plan's third-party trustee.

Level 3 – Inputs reflect the best estimate of what market participants would use in pricing the assets or liabilities at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model.

The following tables present the financial instruments carried at fair value as of December 31, 2010 and 2009, by caption in the accompanying statements of net assets available for benefits and by FASB ASC Topic No. 820 valuation hierarchy. The Plan held no Level 3 investments as of December 31, 2010 or 2009.

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**D. Fair Value Measurements – continued**

Investments measured at fair value on a recurring basis as of December 31, 2010:

|                                | <u>Level 1</u>       | <u>Level 2</u>       | <u>Total</u>         |
|--------------------------------|----------------------|----------------------|----------------------|
| Mutual funds                   |                      |                      |                      |
| Cash equivalents               | \$ 496,683           | \$ -                 | \$ 496,683           |
| High yield income fund         | 959,964              | -                    | 959,964              |
| Intermediate-term income funds | 5,188,812            | -                    | 5,188,812            |
| Large cap growth funds         | 11,333,344           | -                    | 11,333,344           |
| Large cap blended funds        | 4,121,880            | -                    | 4,121,880            |
| Large cap value funds          | 13,577,001           | -                    | 13,577,001           |
| Mid cap blended funds          | 2,310,164            | -                    | 2,310,164            |
| Mid cap value fund             | 917,188              | -                    | 917,188              |
| Small cap growth fund          | 933,152              | -                    | 933,152              |
| Small cap value fund           | 977,165              | -                    | 977,165              |
| Common collective trust        | -                    | 10,192,096           | 10,192,096           |
| Total investments              | <u>\$ 40,815,353</u> | <u>\$ 10,192,096</u> | <u>\$ 51,007,449</u> |

Investments measured at fair value on a recurring basis as of December 31, 2009:

|                                | <u>Level 1</u>       | <u>Level 2</u>       | <u>Total</u>         |
|--------------------------------|----------------------|----------------------|----------------------|
| Mutual funds                   |                      |                      |                      |
| Cash equivalents               | \$ 104,488           | \$ -                 | \$ 104,488           |
| High yield income fund         | 599,336              | -                    | 599,336              |
| Intermediate-term income funds | 3,742,893            | -                    | 3,742,893            |
| Large cap growth funds         | 10,295,503           | -                    | 10,295,503           |
| Large cap blended funds        | 3,795,342            | -                    | 3,795,342            |
| Large cap value funds          | 10,740,423           | -                    | 10,740,423           |
| Mid cap blended funds          | 1,530,972            | -                    | 1,530,972            |
| Mid cap value fund             | 539,143              | -                    | 539,143              |
| Small cap growth fund          | 689,232              | -                    | 689,232              |
| Small cap value fund           | 567,676              | -                    | 567,676              |
| Common collective trust        | -                    | 10,607,107           | 10,607,107           |
| Total investments              | <u>\$ 32,605,008</u> | <u>\$ 10,607,107</u> | <u>\$ 43,212,115</u> |

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **E. Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated August 23, 2011, stating that the Plan, as then designed, was in compliance with the applicable requirements of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Company believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

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 IRS. 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 Company believes it is not longer subject to income tax examination for years prior to 2007.

#### **F. Plan Termination**

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to the provisions set forth in ERISA. In the event the Company terminates the Plan, all amounts credited to participant accounts will become 100% vested.

#### **G. Forfeitures**

Approximately \$62,000 and \$146,000 of forfeitures were used to reduce employer contributions for the years ended December 31, 2010 and 2009, respectively. Net assets available for benefits included approximately \$47,000 and \$6,000 of unallocated forfeitures as of December 31, 2010 and 2009, respectively. These accounts will be used to reduce future employer contributions.

#### **H. Party-in-Interest Transactions**

The Plan invests in shares of a common collective trust managed by Reliance Trust Company, an agent of Bank of America, N.A., the trustee of the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

# EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

## NOTES TO FINANCIAL STATEMENTS *(continued)*

### I. Information Certified by the Agent of the Trustee

The plan administrator 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 plan administrator limited auditing procedures with respect to the investment information certified by Reliance Trust Company, an agent for Bank of America, N.A., the trustee of the Plan, which included total investments as of December 31, 2010 and 2009, the total investment income for the years ended December 31, 2010 and 2009, and all information included in the supplemental form 5500, schedule H, line 4i – schedule of assets (held at end of year).

### J. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 as of December 31,:

|                                                                                                                                                       | <u>2010</u>                 | <u>2009</u>                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements                                                                                        | \$ 52,799,565               | \$ 44,984,930               |
| Adjustment from fair value to contract value for interests<br>in common collective trust relating to fully benefit-<br>responsive investment contract | <u>246,001</u>              | <u>43,807</u>               |
| Net assets available for benefits per the Form 5500                                                                                                   | <u><u>\$ 53,045,566</u></u> | <u><u>\$ 45,028,737</u></u> |

The following is a reconciliation of the changes in net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31,:

|                                                                                                                                                                | <u>2010</u>                | <u>2009</u>                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|
| Change in net assets available for benefits per the<br>financial statements                                                                                    | \$ 7,814,635               | \$ 11,789,715               |
| Change in adjustment from fair value to contract value for<br>interests in common collective trust relating to fully<br>benefit-responsive investment contract | <u>202,194</u>             | <u>444,030</u>              |
| Change in net assets available for benefits per the<br>Form 5500                                                                                               | <u><u>\$ 8,016,829</u></u> | <u><u>\$ 12,233,745</u></u> |

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **J. Reconciliation of Financial Statements to Form 5500 – continued**

This reconciling item is due to the difference in the method of accounting used in preparing the Form 5500 as compared to the Plan's financial statements. Government reporting rules were used in preparing the Form 5500 for the years ended December 31, 2010 and 2009, whereas the Plan's financial statements have been prepared on the accrual basis of accounting as required by accounting principles generally accepted in the United States of America. Government reporting rules require the common collective trust to be reported at fair value, while accounting standards require it to be reported at contract value.

#### **K. Subsequent Events**

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 11, 2011, the date the financial statements were available for issuance.

## **SUPPLEMENTAL SCHEDULE**

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2010**

**Plan: 003**

**EIN: 51-0345236**

| (a) | (b)<br>Identity of issuer,<br>borrower, lessor,<br>or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Bank of America, N.A.                                               | Stable Asset Fund                                                                                                    | **          | \$ 10,192,096           |
|     | American Funds                                                      | Income Fund - Class R-4                                                                                              | **          | 7,603,025               |
|     | Columbia                                                            | LifeGoal Balanced Growth - Class Z                                                                                   | **          | 5,194,541               |
|     | Pimco                                                               | Total Return Administrative Class                                                                                    | **          | 4,614,872               |
|     | American Funds                                                      | Growth Fund of America - Class R-4                                                                                   | **          | 3,375,740               |
|     | American Funds                                                      | Europacific Growth - Class R-4                                                                                       | **          | 3,247,574               |
|     | BlackRock                                                           | Large Cap Core Plus Institutional                                                                                    | **          | 2,480,475               |
|     | Columbia                                                            | LifeGoal Growth - Class Z                                                                                            | **          | 2,220,059               |
|     | American Funds                                                      | Capital Income Builder - Class R                                                                                     | **          | 2,155,617               |
|     | BlackRock                                                           | Large Cap Value Institutional                                                                                        | **          | 1,337,884               |
|     | Dreyfus                                                             | Structured Midcap                                                                                                    | **          | 1,201,586               |
|     | Columbia                                                            | Acorn Select - Class Z                                                                                               | **          | 1,108,578               |
|     | Columbia                                                            | Small Cap Value II - Class Z                                                                                         | **          | 977,165                 |
|     | Columbia                                                            | High Income - Class Z                                                                                                | **          | 959,964                 |
|     | Royce                                                               | Value Plus Service                                                                                                   | **          | 933,152                 |
|     | Columbia                                                            | Mid Cap Value - Class Z                                                                                              | **          | 917,188                 |
|     | Columbia                                                            | Large Cap Index - Class Z                                                                                            | **          | 614,238                 |
|     | Columbia                                                            | LifeGoal Income - Class Z                                                                                            | **          | 573,940                 |
|     | American Funds                                                      | US Treasury Money                                                                                                    | **          | 496,683                 |
|     | Columbia                                                            | LifeGoal Income & Growth                                                                                             | **          | 316,495                 |
|     | MFS                                                                 | Value A                                                                                                              | **          | 260,068                 |
|     | Columbia                                                            | Marsico 21st Century - Class Z                                                                                       | **          | 226,509                 |
| *   | Participant loans                                                   | Interest rates ranging from 4.25% to 10.50%                                                                          | -0-         | 1,950,218               |
|     |                                                                     |                                                                                                                      |             | <u>\$ 52,957,667</u>    |

\* Represents a party-in-interest to the Plan as defined by ERISA.

\*\* Cost information not necessary because it is a participant-directed investment.

**EFW INC. SUPPLEMENTAL SAVINGS  
& INVESTMENT PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2010 and 2009  
with Report of Independent Auditors**

**EFW INC. SUPPLEMENTAL SAVINGS  
& INVESTMENT PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2010 and 2009**

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**NOTE:** All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has been included in the financial statements or notes thereto.

**REPORT OF INDEPENDENT AUDITORS**

To the Plan Administrator and Participants of the  
EFW Inc. Supplemental Savings & Investment Plan

We were engaged to audit the financial statements of the EFW Inc. Supplemental Savings & Investment Plan as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information which was certified by Reliance Trust Company, as agent for Bank of America, N.A., 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 agent of 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Reliance Trust Company, as agent for Bank of America, N.A, 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.



Fort Worth, Texas  
October 11, 2011



**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                                                                                                      | <b>December 31,</b>         |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                                                                                                      | <b>2010</b>                 | <b>2009</b>                 |
| <b>Assets</b>                                                                                                                                        |                             |                             |
| Investments, at fair value:                                                                                                                          |                             |                             |
| Mutual funds                                                                                                                                         | \$ 40,815,353               | \$ 32,605,008               |
| Common collective trust                                                                                                                              | 10,192,096                  | 10,607,107                  |
| Total investments                                                                                                                                    | <u>51,007,449</u>           | <u>43,212,115</u>           |
| Receivables:                                                                                                                                         |                             |                             |
| Notes receivable from participants                                                                                                                   | 1,950,218                   | 1,740,095                   |
| Employer contributions                                                                                                                               | 87,899                      | 76,527                      |
| Total receivables                                                                                                                                    | <u>2,038,117</u>            | <u>1,816,622</u>            |
| Net assets available for benefits at fair value                                                                                                      | 53,045,566                  | 45,028,737                  |
| Adjustment from fair value to contract value<br>for interests in common collective trust relating<br>to fully benefit-responsive investment contract | <u>(246,001)</u>            | <u>(43,807)</u>             |
| Net assets available for benefits                                                                                                                    | <u><u>\$ 52,799,565</u></u> | <u><u>\$ 44,984,930</u></u> |

See accompanying notes to financial statements.

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                        | <b>Year Ended December 31,</b> |                             |
|--------------------------------------------------------|--------------------------------|-----------------------------|
|                                                        | <b>2010</b>                    | <b>2009</b>                 |
| <b>Additions to Net Assets</b>                         |                                |                             |
| Investment income:                                     |                                |                             |
| Net realized and unrealized gains                      |                                |                             |
| on investments                                         | \$ 3,493,478                   | \$ 5,713,501                |
| Interest and dividends                                 | 1,362,861                      | 1,070,942                   |
| Total investment income                                | <u>4,856,339</u>               | <u>6,784,443</u>            |
| Interest income on notes receivable from participants  | 96,328                         | 95,027                      |
| Contributions:                                         |                                |                             |
| Participants                                           | 4,753,455                      | 4,574,304                   |
| Employer                                               | 2,036,039                      | 1,879,054                   |
| Rollover                                               | 261,159                        | 394,124                     |
| Total contributions                                    | <u>7,050,653</u>               | <u>6,847,482</u>            |
| Total additions to net assets                          | 12,003,320                     | 13,726,952                  |
| <b>Deductions from Net Assets</b>                      |                                |                             |
| Benefits paid to participants                          | 4,147,050                      | 1,894,254                   |
| Administrative expenses                                | 41,635                         | 42,983                      |
| Total deductions from net assets                       | <u>4,188,685</u>               | <u>1,937,237</u>            |
| Net increase in net assets available for benefits      | 7,814,635                      | 11,789,715                  |
| Net assets available for benefits at beginning of year | <u>44,984,930</u>              | <u>33,195,215</u>           |
| Net assets available for benefits at end of year       | <u><u>\$ 52,799,565</u></u>    | <u><u>\$ 44,984,930</u></u> |

See accompanying notes to financial statements.

# **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2010 and 2009**

### **A. Description of the Plan**

#### **General**

The following brief description of the EFW Inc. Supplemental Savings & Investment Plan (the “Plan”) is provided for general information purposes only. The Plan is sponsored by EFW Inc. (the “Company”). Participants should refer to the Plan document for more complete information.

The Plan is a defined contribution plan covering substantially all employees of the Company on their first day of employment after the completion of one hour of service. Eligible employees may enter the Plan on the first day of the month coinciding with or following the date on which an employee meets the eligibility requirements. The Plan has an automatic enrollment feature whereby employees that do not make a pre-tax salary deferral election prior to their eligibility date will be automatically enrolled in the Plan beginning with the next pay cycle or as soon as administratively feasible. The automatic pre-tax contribution will be established at 5% of an employee’s eligible compensation, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The purpose of the Plan is to encourage the Company’s employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of death.

#### **Contributions**

Participants may contribute up to 30% of their annual compensation, as defined by the Plan on a pre-tax basis, subject to limitations on total annual additions and other limitations imposed by the Internal Revenue Code (the “Code”) as defined by the Plan document. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans as well as voluntary non-deductible contributions.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the end of the year are permitted to make catch-up contributions in accordance with, and subject to the annual limitations imposed by the Code (\$5,500 for both 2010 and 2009).

Company matching contributions are non-discretionary and are based on a participant’s compensation contributed as an elective deferral. For the years ended December 31, 2010 and 2009, the Company made matching contributions at the rate of 50% of the first 10% of the participant’s compensation contributed as elective deferrals. The Plan was amended effective January 1, 2010 in which all non-represented employees hired after December 31, 2009 will receive a Company contribution in the amount of 3% of their eligible compensation upon attainment of 12 continuous months of service. The Company will begin making this 3% Company contribution on January 1, 2011 and eligible non-represented employees are not required to make a contribution to the Plan in order to receive this Company contribution.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### A. Description of the Plan – continued

##### Participant Accounts

Each participant account is credited with the participant contributions and an allocation of Company contributions, Plan earnings and forfeitures of terminated participants' non-vested accounts. 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.

##### Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in Company contributions, plus actual earnings thereon is as follows:

| <b>Number of Completed<br/>Years of Service</b> | <b>Vesting<br/>Percentage</b> |
|-------------------------------------------------|-------------------------------|
| Less than 1 year                                | 0%                            |
| 1 year                                          | 20%                           |
| 2 years                                         | 40%                           |
| 3 years                                         | 60%                           |
| 4 years                                         | 80%                           |
| 5 years                                         | 100%                          |

In the event of disability, early retirement, or death, the participant will immediately become fully vested in all Company contributions and earnings thereon.

##### Notes Receivable from Participants

Participants may borrow from their account balance an amount not exceeding the lesser of 50% of their vested account balance or \$50,000. The minimum loan amount is \$1,000. Loan terms range from one to five years or, in the case of a loan to acquire or construct the primary residence of a participant, a period not to exceed 10 years. The loans are secured by the non-forfeitable balance in the participant's account. As stated in the loan policy, new or renewed loans bear interest at the prime rate as published in the *Wall Street Journal* plus one percent. As of December 31, 2010 and 2009, interest rates on outstanding loans range from 4.25% to 10.50%. Principal and interest are paid ratably through payroll deductions.

##### Benefit Payments

Upon termination of service, death, disability, or retirement, if the value of the participant's vested account balance is not greater than \$5,000, the participant will receive a lump-sum distribution of the value of the entire vested portion of such account balance and any non-vested portion will be treated as a forfeiture. If the value of the participant's vested account balance is greater than \$5,000, the participant (and beneficiary, if applicable) may receive a lump-sum distribution equal to the vested value of his or her account or they may elect to defer receiving a payment until a later time, as defined by the Plan document.

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **A. Description of the Plan – continued**

##### **Benefit Payments – continued**

A participant may receive a hardship distribution from salary reduction contributions if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, their spouse or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from their principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) payment for burial or funeral expenses for the participant's spouse, parent, children or dependent; or, (6) expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Code section 165.

##### **Forfeitures**

Forfeited balances of terminated participants' non-vested accounts are used to offset Company matching contributions for the year.

##### **Investment Options**

Upon enrollment in the Plan, a participant may direct the investment of all contributions to the Plan among the investment alternatives made available by the Company under the Plan, which vary in degree of risk. Participants may change their investment options daily.

##### **Plan Expenses**

Employees of the Company perform certain administrative functions of the Plan with no compensation from the Plan. In accordance with Plan provisions, the Company pays substantially all costs relating to asset charges and recordkeeping. Additionally, the majority of administrative costs of the Plan are paid by the Company and are not reflected in the accompanying financial statements except for those expenses paid by Plan participants.

#### **B. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

The financial statements of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

##### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (*continued*)

#### **B. Summary of Significant Accounting Policies – continued**

##### **Investments Valuation and Income**

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic No. 820, *Fair Value Measurements and Disclosures*. FASB ASC Topic No. 820 defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

##### **Fully Benefit-Responsive Investment Contracts**

The Plan accounts for synthetic guaranteed investment contracts at contract value in accordance with FASB ASC Topic No. 962, *Plan Accounting—Defined Contribution Pension Plans*. A synthetic guaranteed investment contract is an investment contract in which the Plan owns the underlying assets and purchases fully benefit-responsive wrapper contracts from independent third parties, which provide market value and cash flow risk protection to the Plan.

Investment contracts held by a defined contribution plan are typically reported at fair value. However, under FASB ASC Topic No. 962, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by FASB ASC Topic No. 962, the accompanying statement of net assets available for benefits presents the fair value of the investment contracts and the adjustment from fair value to contract value. The accompanying statements of changes in net assets available for benefits are prepared on a basis that reflects income credited to participants but not realized and unrealized gains and losses on the investment contracts (contract value).

##### **Contributions**

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the plan administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **B. Summary of Significant Accounting Policies – continued**

##### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Recently Issued Accounting Pronouncements**

In January 2010, the FASB issued Accounting Standards Update (“ASU”) 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended FASB ASC Topic No. 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each “class” of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009 and was adopted by the Plan during the year ended December 31, 2010.

In September 2010, the FASB issued ASU No. 2010-25, *Plan Accounting – Defined Contribution Pension Plans (ASC 962): Reporting Loans to Participants by Defined Contribution Pension Plan*. 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. This standard is effective for financial statements issued for fiscal years ending after December 15, 2010, and was adopted by the Plan in the year ended December 31, 2010.

##### **Reclassifications**

Certain 2009 amounts were reclassified to conform to the 2010 presentation.

# EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

## NOTES TO FINANCIAL STATEMENTS (continued)

### C. Investments

Individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31, are as follows:

|                                                   | <u>2010</u>   | <u>2009</u>   |
|---------------------------------------------------|---------------|---------------|
| Bank of America, N.A. Stable Asset Fund           | \$ 10,192,096 | \$ 10,607,107 |
| American Funds Income Fund – Class R-4            | 7,603,025     | 5,289,304     |
| Columbia LifeGoal Balanced Growth – Class Z       | 5,194,541     | 4,684,644     |
| Pimco Total Return Administrative Class           | 4,614,872     | 3,303,648     |
| American Funds Growth Fund of America – Class R-4 | 3,375,740     | 2,960,561     |
| American Funds Europacific Growth – Class R-4     | 3,247,574     | 2,957,610     |
| Blackrock Large Cap Core Plus Institutional       | **            | 2,378,872     |

\*\* Represents less than 5% of the Plan's net assets available for benefits.

The Plan had net realized and unrealized gains on investments of \$3,493,478 and 5,713,501 during 2010 and 2009, respectively. The gains and losses were comprised solely from mutual funds.

### D. Fair Value Measurements

FASB ASC Topic No. 820 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 three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined in FASB ASC Topic No. 820 are as follows:

Level 1 – Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date. The fair values of the mutual funds are considered Level 1 as the investments have readily available quoted prices in active markets.

Level 2 – Inputs (other than quoted prices included in Level 1) are either directly or indirectly observable for the assets or liabilities through correlation with market data at the measurement date and for the duration of the instruments' anticipated life. The fair value of the common collective trust is considered Level 2 as its fair value is determined by values reported by the Plan's third-party trustee.

Level 3 – Inputs reflect the best estimate of what market participants would use in pricing the assets or liabilities at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model.

The following tables present the financial instruments carried at fair value as of December 31, 2010 and 2009, by caption in the accompanying statements of net assets available for benefits and by FASB ASC Topic No. 820 valuation hierarchy. The Plan held no Level 3 investments as of December 31, 2010 or 2009.

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**D. Fair Value Measurements – continued**

Investments measured at fair value on a recurring basis as of December 31, 2010:

|                                | <u>Level 1</u>       | <u>Level 2</u>       | <u>Total</u>         |
|--------------------------------|----------------------|----------------------|----------------------|
| Mutual funds                   |                      |                      |                      |
| Cash equivalents               | \$ 496,683           | \$ -                 | \$ 496,683           |
| High yield income fund         | 959,964              | -                    | 959,964              |
| Intermediate-term income funds | 5,188,812            | -                    | 5,188,812            |
| Large cap growth funds         | 11,333,344           | -                    | 11,333,344           |
| Large cap blended funds        | 4,121,880            | -                    | 4,121,880            |
| Large cap value funds          | 13,577,001           | -                    | 13,577,001           |
| Mid cap blended funds          | 2,310,164            | -                    | 2,310,164            |
| Mid cap value fund             | 917,188              | -                    | 917,188              |
| Small cap growth fund          | 933,152              | -                    | 933,152              |
| Small cap value fund           | 977,165              | -                    | 977,165              |
| Common collective trust        | -                    | 10,192,096           | 10,192,096           |
| Total investments              | <u>\$ 40,815,353</u> | <u>\$ 10,192,096</u> | <u>\$ 51,007,449</u> |

Investments measured at fair value on a recurring basis as of December 31, 2009:

|                                | <u>Level 1</u>       | <u>Level 2</u>       | <u>Total</u>         |
|--------------------------------|----------------------|----------------------|----------------------|
| Mutual funds                   |                      |                      |                      |
| Cash equivalents               | \$ 104,488           | \$ -                 | \$ 104,488           |
| High yield income fund         | 599,336              | -                    | 599,336              |
| Intermediate-term income funds | 3,742,893            | -                    | 3,742,893            |
| Large cap growth funds         | 10,295,503           | -                    | 10,295,503           |
| Large cap blended funds        | 3,795,342            | -                    | 3,795,342            |
| Large cap value funds          | 10,740,423           | -                    | 10,740,423           |
| Mid cap blended funds          | 1,530,972            | -                    | 1,530,972            |
| Mid cap value fund             | 539,143              | -                    | 539,143              |
| Small cap growth fund          | 689,232              | -                    | 689,232              |
| Small cap value fund           | 567,676              | -                    | 567,676              |
| Common collective trust        | -                    | 10,607,107           | 10,607,107           |
| Total investments              | <u>\$ 32,605,008</u> | <u>\$ 10,607,107</u> | <u>\$ 43,212,115</u> |

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **E. Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated August 23, 2011, stating that the Plan, as then designed, was in compliance with the applicable requirements of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Company believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

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 IRS. 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 Company believes it is not longer subject to income tax examination for years prior to 2007.

#### **F. Plan Termination**

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to the provisions set forth in ERISA. In the event the Company terminates the Plan, all amounts credited to participant accounts will become 100% vested.

#### **G. Forfeitures**

Approximately \$62,000 and \$146,000 of forfeitures were used to reduce employer contributions for the years ended December 31, 2010 and 2009, respectively. Net assets available for benefits included approximately \$47,000 and \$6,000 of unallocated forfeitures as of December 31, 2010 and 2009, respectively. These accounts will be used to reduce future employer contributions.

#### **H. Party-in-Interest Transactions**

The Plan invests in shares of a common collective trust managed by Reliance Trust Company, an agent of Bank of America, N.A., the trustee of the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

# EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

## NOTES TO FINANCIAL STATEMENTS *(continued)*

### I. Information Certified by the Agent of the Trustee

The plan administrator 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 plan administrator limited auditing procedures with respect to the investment information certified by Reliance Trust Company, an agent for Bank of America, N.A., the trustee of the Plan, which included total investments as of December 31, 2010 and 2009, the total investment income for the years ended December 31, 2010 and 2009, and all information included in the supplemental form 5500, schedule H, line 4i – schedule of assets (held at end of year).

### J. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 as of December 31,:

|                                                                                                                                                       | <u>2010</u>                 | <u>2009</u>                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements                                                                                        | \$ 52,799,565               | \$ 44,984,930               |
| Adjustment from fair value to contract value for interests<br>in common collective trust relating to fully benefit-<br>responsive investment contract | <u>246,001</u>              | <u>43,807</u>               |
| Net assets available for benefits per the Form 5500                                                                                                   | <u><u>\$ 53,045,566</u></u> | <u><u>\$ 45,028,737</u></u> |

The following is a reconciliation of the changes in net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31,:

|                                                                                                                                                                | <u>2010</u>                | <u>2009</u>                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|
| Change in net assets available for benefits per the<br>financial statements                                                                                    | \$ 7,814,635               | \$ 11,789,715               |
| Change in adjustment from fair value to contract value for<br>interests in common collective trust relating to fully<br>benefit-responsive investment contract | <u>202,194</u>             | <u>444,030</u>              |
| Change in net assets available for benefits per the<br>Form 5500                                                                                               | <u><u>\$ 8,016,829</u></u> | <u><u>\$ 12,233,745</u></u> |

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **J. Reconciliation of Financial Statements to Form 5500 – continued**

This reconciling item is due to the difference in the method of accounting used in preparing the Form 5500 as compared to the Plan's financial statements. Government reporting rules were used in preparing the Form 5500 for the years ended December 31, 2010 and 2009, whereas the Plan's financial statements have been prepared on the accrual basis of accounting as required by accounting principles generally accepted in the United States of America. Government reporting rules require the common collective trust to be reported at fair value, while accounting standards require it to be reported at contract value.

#### **K. Subsequent Events**

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 11, 2011, the date the financial statements were available for issuance.

## **SUPPLEMENTAL SCHEDULE**

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2010**

**Plan: 003**

**EIN: 51-0345236**

| (a) | (b)<br>Identity of issuer,<br>borrower, lessor,<br>or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Bank of America, N.A.                                               | Stable Asset Fund                                                                                                    | **          | \$ 10,192,096           |
|     | American Funds                                                      | Income Fund - Class R-4                                                                                              | **          | 7,603,025               |
|     | Columbia                                                            | LifeGoal Balanced Growth - Class Z                                                                                   | **          | 5,194,541               |
|     | Pimco                                                               | Total Return Administrative Class                                                                                    | **          | 4,614,872               |
|     | American Funds                                                      | Growth Fund of America - Class R-4                                                                                   | **          | 3,375,740               |
|     | American Funds                                                      | Europacific Growth - Class R-4                                                                                       | **          | 3,247,574               |
|     | BlackRock                                                           | Large Cap Core Plus Institutional                                                                                    | **          | 2,480,475               |
|     | Columbia                                                            | LifeGoal Growth - Class Z                                                                                            | **          | 2,220,059               |
|     | American Funds                                                      | Capital Income Builder - Class R                                                                                     | **          | 2,155,617               |
|     | BlackRock                                                           | Large Cap Value Institutional                                                                                        | **          | 1,337,884               |
|     | Dreyfus                                                             | Structured Midcap                                                                                                    | **          | 1,201,586               |
|     | Columbia                                                            | Acorn Select - Class Z                                                                                               | **          | 1,108,578               |
|     | Columbia                                                            | Small Cap Value II - Class Z                                                                                         | **          | 977,165                 |
|     | Columbia                                                            | High Income - Class Z                                                                                                | **          | 959,964                 |
|     | Royce                                                               | Value Plus Service                                                                                                   | **          | 933,152                 |
|     | Columbia                                                            | Mid Cap Value - Class Z                                                                                              | **          | 917,188                 |
|     | Columbia                                                            | Large Cap Index - Class Z                                                                                            | **          | 614,238                 |
|     | Columbia                                                            | LifeGoal Income - Class Z                                                                                            | **          | 573,940                 |
|     | American Funds                                                      | US Treasury Money                                                                                                    | **          | 496,683                 |
|     | Columbia                                                            | LifeGoal Income & Growth                                                                                             | **          | 316,495                 |
|     | MFS                                                                 | Value A                                                                                                              | **          | 260,068                 |
|     | Columbia                                                            | Marsico 21st Century - Class Z                                                                                       | **          | 226,509                 |
| *   | Participant loans                                                   | Interest rates ranging from 4.25% to 10.50%                                                                          | -0-         | 1,950,218               |
|     |                                                                     |                                                                                                                      |             | <u>\$ 52,957,667</u>    |

\* Represents a party-in-interest to the Plan as defined by ERISA.

\*\* Cost information not necessary because it is a participant-directed investment.

**EFW INC. SUPPLEMENTAL SAVINGS  
& INVESTMENT PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2010 and 2009  
with Report of Independent Auditors**

**EFW INC. SUPPLEMENTAL SAVINGS  
& INVESTMENT PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2010 and 2009**

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**NOTE:** All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has been included in the financial statements or notes thereto.

**REPORT OF INDEPENDENT AUDITORS**

To the Plan Administrator and Participants of the  
EFW Inc. Supplemental Savings & Investment Plan

We were engaged to audit the financial statements of the EFW Inc. Supplemental Savings & Investment Plan as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information which was certified by Reliance Trust Company, as agent for Bank of America, N.A., 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 agent of 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Reliance Trust Company, as agent for Bank of America, N.A, 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.



Fort Worth, Texas  
October 11, 2011



**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                                                                                                      | <b>December 31,</b>         |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                                                                                                      | <b>2010</b>                 | <b>2009</b>                 |
| <b>Assets</b>                                                                                                                                        |                             |                             |
| Investments, at fair value:                                                                                                                          |                             |                             |
| Mutual funds                                                                                                                                         | \$ 40,815,353               | \$ 32,605,008               |
| Common collective trust                                                                                                                              | 10,192,096                  | 10,607,107                  |
| Total investments                                                                                                                                    | <u>51,007,449</u>           | <u>43,212,115</u>           |
| Receivables:                                                                                                                                         |                             |                             |
| Notes receivable from participants                                                                                                                   | 1,950,218                   | 1,740,095                   |
| Employer contributions                                                                                                                               | 87,899                      | 76,527                      |
| Total receivables                                                                                                                                    | <u>2,038,117</u>            | <u>1,816,622</u>            |
| Net assets available for benefits at fair value                                                                                                      | 53,045,566                  | 45,028,737                  |
| Adjustment from fair value to contract value<br>for interests in common collective trust relating<br>to fully benefit-responsive investment contract | <u>(246,001)</u>            | <u>(43,807)</u>             |
| Net assets available for benefits                                                                                                                    | <u><u>\$ 52,799,565</u></u> | <u><u>\$ 44,984,930</u></u> |

See accompanying notes to financial statements.

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                        | <b>Year Ended December 31,</b> |                             |
|--------------------------------------------------------|--------------------------------|-----------------------------|
|                                                        | <b>2010</b>                    | <b>2009</b>                 |
| <b>Additions to Net Assets</b>                         |                                |                             |
| Investment income:                                     |                                |                             |
| Net realized and unrealized gains                      |                                |                             |
| on investments                                         | \$ 3,493,478                   | \$ 5,713,501                |
| Interest and dividends                                 | 1,362,861                      | 1,070,942                   |
| Total investment income                                | <u>4,856,339</u>               | <u>6,784,443</u>            |
| Interest income on notes receivable from participants  | 96,328                         | 95,027                      |
| Contributions:                                         |                                |                             |
| Participants                                           | 4,753,455                      | 4,574,304                   |
| Employer                                               | 2,036,039                      | 1,879,054                   |
| Rollover                                               | 261,159                        | 394,124                     |
| Total contributions                                    | <u>7,050,653</u>               | <u>6,847,482</u>            |
| Total additions to net assets                          | 12,003,320                     | 13,726,952                  |
| <b>Deductions from Net Assets</b>                      |                                |                             |
| Benefits paid to participants                          | 4,147,050                      | 1,894,254                   |
| Administrative expenses                                | 41,635                         | 42,983                      |
| Total deductions from net assets                       | <u>4,188,685</u>               | <u>1,937,237</u>            |
| Net increase in net assets available for benefits      | 7,814,635                      | 11,789,715                  |
| Net assets available for benefits at beginning of year | <u>44,984,930</u>              | <u>33,195,215</u>           |
| Net assets available for benefits at end of year       | <u><u>\$ 52,799,565</u></u>    | <u><u>\$ 44,984,930</u></u> |

See accompanying notes to financial statements.

# **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2010 and 2009**

### **A. Description of the Plan**

#### **General**

The following brief description of the EFW Inc. Supplemental Savings & Investment Plan (the “Plan”) is provided for general information purposes only. The Plan is sponsored by EFW Inc. (the “Company”). Participants should refer to the Plan document for more complete information.

The Plan is a defined contribution plan covering substantially all employees of the Company on their first day of employment after the completion of one hour of service. Eligible employees may enter the Plan on the first day of the month coinciding with or following the date on which an employee meets the eligibility requirements. The Plan has an automatic enrollment feature whereby employees that do not make a pre-tax salary deferral election prior to their eligibility date will be automatically enrolled in the Plan beginning with the next pay cycle or as soon as administratively feasible. The automatic pre-tax contribution will be established at 5% of an employee’s eligible compensation, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The purpose of the Plan is to encourage the Company’s employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of death.

#### **Contributions**

Participants may contribute up to 30% of their annual compensation, as defined by the Plan on a pre-tax basis, subject to limitations on total annual additions and other limitations imposed by the Internal Revenue Code (the “Code”) as defined by the Plan document. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans as well as voluntary non-deductible contributions.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the end of the year are permitted to make catch-up contributions in accordance with, and subject to the annual limitations imposed by the Code (\$5,500 for both 2010 and 2009).

Company matching contributions are non-discretionary and are based on a participant’s compensation contributed as an elective deferral. For the years ended December 31, 2010 and 2009, the Company made matching contributions at the rate of 50% of the first 10% of the participant’s compensation contributed as elective deferrals. The Plan was amended effective January 1, 2010 in which all non-represented employees hired after December 31, 2009 will receive a Company contribution in the amount of 3% of their eligible compensation upon attainment of 12 continuous months of service. The Company will begin making this 3% Company contribution on January 1, 2011 and eligible non-represented employees are not required to make a contribution to the Plan in order to receive this Company contribution.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### A. Description of the Plan – continued

##### Participant Accounts

Each participant account is credited with the participant contributions and an allocation of Company contributions, Plan earnings and forfeitures of terminated participants' non-vested accounts. 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.

##### Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in Company contributions, plus actual earnings thereon is as follows:

| <b>Number of Completed<br/>Years of Service</b> | <b>Vesting<br/>Percentage</b> |
|-------------------------------------------------|-------------------------------|
| Less than 1 year                                | 0%                            |
| 1 year                                          | 20%                           |
| 2 years                                         | 40%                           |
| 3 years                                         | 60%                           |
| 4 years                                         | 80%                           |
| 5 years                                         | 100%                          |

In the event of disability, early retirement, or death, the participant will immediately become fully vested in all Company contributions and earnings thereon.

##### Notes Receivable from Participants

Participants may borrow from their account balance an amount not exceeding the lesser of 50% of their vested account balance or \$50,000. The minimum loan amount is \$1,000. Loan terms range from one to five years or, in the case of a loan to acquire or construct the primary residence of a participant, a period not to exceed 10 years. The loans are secured by the non-forfeitable balance in the participant's account. As stated in the loan policy, new or renewed loans bear interest at the prime rate as published in the *Wall Street Journal* plus one percent. As of December 31, 2010 and 2009, interest rates on outstanding loans range from 4.25% to 10.50%. Principal and interest are paid ratably through payroll deductions.

##### Benefit Payments

Upon termination of service, death, disability, or retirement, if the value of the participant's vested account balance is not greater than \$5,000, the participant will receive a lump-sum distribution of the value of the entire vested portion of such account balance and any non-vested portion will be treated as a forfeiture. If the value of the participant's vested account balance is greater than \$5,000, the participant (and beneficiary, if applicable) may receive a lump-sum distribution equal to the vested value of his or her account or they may elect to defer receiving a payment until a later time, as defined by the Plan document.

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **A. Description of the Plan – continued**

##### **Benefit Payments – continued**

A participant may receive a hardship distribution from salary reduction contributions if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, their spouse or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from their principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) payment for burial or funeral expenses for the participant's spouse, parent, children or dependent; or, (6) expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Code section 165.

##### **Forfeitures**

Forfeited balances of terminated participants' non-vested accounts are used to offset Company matching contributions for the year.

##### **Investment Options**

Upon enrollment in the Plan, a participant may direct the investment of all contributions to the Plan among the investment alternatives made available by the Company under the Plan, which vary in degree of risk. Participants may change their investment options daily.

##### **Plan Expenses**

Employees of the Company perform certain administrative functions of the Plan with no compensation from the Plan. In accordance with Plan provisions, the Company pays substantially all costs relating to asset charges and recordkeeping. Additionally, the majority of administrative costs of the Plan are paid by the Company and are not reflected in the accompanying financial statements except for those expenses paid by Plan participants.

#### **B. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

The financial statements of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

##### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (*continued*)

#### **B. Summary of Significant Accounting Policies – continued**

##### **Investments Valuation and Income**

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic No. 820, *Fair Value Measurements and Disclosures*. FASB ASC Topic No. 820 defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

##### **Fully Benefit-Responsive Investment Contracts**

The Plan accounts for synthetic guaranteed investment contracts at contract value in accordance with FASB ASC Topic No. 962, *Plan Accounting—Defined Contribution Pension Plans*. A synthetic guaranteed investment contract is an investment contract in which the Plan owns the underlying assets and purchases fully benefit-responsive wrapper contracts from independent third parties, which provide market value and cash flow risk protection to the Plan.

Investment contracts held by a defined contribution plan are typically reported at fair value. However, under FASB ASC Topic No. 962, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by FASB ASC Topic No. 962, the accompanying statement of net assets available for benefits presents the fair value of the investment contracts and the adjustment from fair value to contract value. The accompanying statements of changes in net assets available for benefits are prepared on a basis that reflects income credited to participants but not realized and unrealized gains and losses on the investment contracts (contract value).

##### **Contributions**

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the plan administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

## EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **B. Summary of Significant Accounting Policies – continued**

##### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Recently Issued Accounting Pronouncements**

In January 2010, the FASB issued Accounting Standards Update (“ASU”) 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended FASB ASC Topic No. 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each “class” of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009 and was adopted by the Plan during the year ended December 31, 2010.

In September 2010, the FASB issued ASU No. 2010-25, *Plan Accounting – Defined Contribution Pension Plans (ASC 962): Reporting Loans to Participants by Defined Contribution Pension Plan*. 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. This standard is effective for financial statements issued for fiscal years ending after December 15, 2010, and was adopted by the Plan in the year ended December 31, 2010.

##### **Reclassifications**

Certain 2009 amounts were reclassified to conform to the 2010 presentation.

# EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

## NOTES TO FINANCIAL STATEMENTS *(continued)*

### C. Investments

Individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31, are as follows:

|                                                   | <u>2010</u>   | <u>2009</u>   |
|---------------------------------------------------|---------------|---------------|
| Bank of America, N.A. Stable Asset Fund           | \$ 10,192,096 | \$ 10,607,107 |
| American Funds Income Fund – Class R-4            | 7,603,025     | 5,289,304     |
| Columbia LifeGoal Balanced Growth – Class Z       | 5,194,541     | 4,684,644     |
| Pimco Total Return Administrative Class           | 4,614,872     | 3,303,648     |
| American Funds Growth Fund of America – Class R-4 | 3,375,740     | 2,960,561     |
| American Funds Europacific Growth – Class R-4     | 3,247,574     | 2,957,610     |
| Blackrock Large Cap Core Plus Institutional       | **            | 2,378,872     |

\*\* Represents less than 5% of the Plan's net assets available for benefits.

The Plan had net realized and unrealized gains on investments of \$3,493,478 and 5,713,501 during 2010 and 2009, respectively. The gains and losses were comprised solely from mutual funds.

### D. Fair Value Measurements

FASB ASC Topic No. 820 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 three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined in FASB ASC Topic No. 820 are as follows:

Level 1 – Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date. The fair values of the mutual funds are considered Level 1 as the investments have readily available quoted prices in active markets.

Level 2 – Inputs (other than quoted prices included in Level 1) are either directly or indirectly observable for the assets or liabilities through correlation with market data at the measurement date and for the duration of the instruments' anticipated life. The fair value of the common collective trust is considered Level 2 as its fair value is determined by values reported by the Plan's third-party trustee.

Level 3 – Inputs reflect the best estimate of what market participants would use in pricing the assets or liabilities at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model.

The following tables present the financial instruments carried at fair value as of December 31, 2010 and 2009, by caption in the accompanying statements of net assets available for benefits and by FASB ASC Topic No. 820 valuation hierarchy. The Plan held no Level 3 investments as of December 31, 2010 or 2009.

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**D. Fair Value Measurements – continued**

Investments measured at fair value on a recurring basis as of December 31, 2010:

|                                | <u>Level 1</u>       | <u>Level 2</u>       | <u>Total</u>         |
|--------------------------------|----------------------|----------------------|----------------------|
| Mutual funds                   |                      |                      |                      |
| Cash equivalents               | \$ 496,683           | \$ -                 | \$ 496,683           |
| High yield income fund         | 959,964              | -                    | 959,964              |
| Intermediate-term income funds | 5,188,812            | -                    | 5,188,812            |
| Large cap growth funds         | 11,333,344           | -                    | 11,333,344           |
| Large cap blended funds        | 4,121,880            | -                    | 4,121,880            |
| Large cap value funds          | 13,577,001           | -                    | 13,577,001           |
| Mid cap blended funds          | 2,310,164            | -                    | 2,310,164            |
| Mid cap value fund             | 917,188              | -                    | 917,188              |
| Small cap growth fund          | 933,152              | -                    | 933,152              |
| Small cap value fund           | 977,165              | -                    | 977,165              |
| Common collective trust        | -                    | 10,192,096           | 10,192,096           |
| Total investments              | <u>\$ 40,815,353</u> | <u>\$ 10,192,096</u> | <u>\$ 51,007,449</u> |

Investments measured at fair value on a recurring basis as of December 31, 2009:

|                                | <u>Level 1</u>       | <u>Level 2</u>       | <u>Total</u>         |
|--------------------------------|----------------------|----------------------|----------------------|
| Mutual funds                   |                      |                      |                      |
| Cash equivalents               | \$ 104,488           | \$ -                 | \$ 104,488           |
| High yield income fund         | 599,336              | -                    | 599,336              |
| Intermediate-term income funds | 3,742,893            | -                    | 3,742,893            |
| Large cap growth funds         | 10,295,503           | -                    | 10,295,503           |
| Large cap blended funds        | 3,795,342            | -                    | 3,795,342            |
| Large cap value funds          | 10,740,423           | -                    | 10,740,423           |
| Mid cap blended funds          | 1,530,972            | -                    | 1,530,972            |
| Mid cap value fund             | 539,143              | -                    | 539,143              |
| Small cap growth fund          | 689,232              | -                    | 689,232              |
| Small cap value fund           | 567,676              | -                    | 567,676              |
| Common collective trust        | -                    | 10,607,107           | 10,607,107           |
| Total investments              | <u>\$ 32,605,008</u> | <u>\$ 10,607,107</u> | <u>\$ 43,212,115</u> |

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **E. Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated August 23, 2011, stating that the Plan, as then designed, was in compliance with the applicable requirements of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Company believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

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 IRS. 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 Company believes it is not longer subject to income tax examination for years prior to 2007.

#### **F. Plan Termination**

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to the provisions set forth in ERISA. In the event the Company terminates the Plan, all amounts credited to participant accounts will become 100% vested.

#### **G. Forfeitures**

Approximately \$62,000 and \$146,000 of forfeitures were used to reduce employer contributions for the years ended December 31, 2010 and 2009, respectively. Net assets available for benefits included approximately \$47,000 and \$6,000 of unallocated forfeitures as of December 31, 2010 and 2009, respectively. These accounts will be used to reduce future employer contributions.

#### **H. Party-in-Interest Transactions**

The Plan invests in shares of a common collective trust managed by Reliance Trust Company, an agent of Bank of America, N.A., the trustee of the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

# EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN

## NOTES TO FINANCIAL STATEMENTS *(continued)*

### I. Information Certified by the Agent of the Trustee

The plan administrator 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 plan administrator limited auditing procedures with respect to the investment information certified by Reliance Trust Company, an agent for Bank of America, N.A., the trustee of the Plan, which included total investments as of December 31, 2010 and 2009, the total investment income for the years ended December 31, 2010 and 2009, and all information included in the supplemental form 5500, schedule H, line 4i – schedule of assets (held at end of year).

### J. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 as of December 31,:

|                                                                                                                                                       | <u>2010</u>                 | <u>2009</u>                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements                                                                                        | \$ 52,799,565               | \$ 44,984,930               |
| Adjustment from fair value to contract value for interests<br>in common collective trust relating to fully benefit-<br>responsive investment contract | <u>246,001</u>              | <u>43,807</u>               |
| Net assets available for benefits per the Form 5500                                                                                                   | <u><u>\$ 53,045,566</u></u> | <u><u>\$ 45,028,737</u></u> |

The following is a reconciliation of the changes in net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31,:

|                                                                                                                                                                | <u>2010</u>                | <u>2009</u>                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|
| Change in net assets available for benefits per the<br>financial statements                                                                                    | \$ 7,814,635               | \$ 11,789,715               |
| Change in adjustment from fair value to contract value for<br>interests in common collective trust relating to fully<br>benefit-responsive investment contract | <u>202,194</u>             | <u>444,030</u>              |
| Change in net assets available for benefits per the<br>Form 5500                                                                                               | <u><u>\$ 8,016,829</u></u> | <u><u>\$ 12,233,745</u></u> |

## **EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **J. Reconciliation of Financial Statements to Form 5500 – continued**

This reconciling item is due to the difference in the method of accounting used in preparing the Form 5500 as compared to the Plan's financial statements. Government reporting rules were used in preparing the Form 5500 for the years ended December 31, 2010 and 2009, whereas the Plan's financial statements have been prepared on the accrual basis of accounting as required by accounting principles generally accepted in the United States of America. Government reporting rules require the common collective trust to be reported at fair value, while accounting standards require it to be reported at contract value.

#### **K. Subsequent Events**

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 11, 2011, the date the financial statements were available for issuance.

## **SUPPLEMENTAL SCHEDULE**

**EFW INC. SUPPLEMENTAL SAVINGS & INVESTMENT PLAN**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2010**

**Plan: 003**

**EIN: 51-0345236**

| (a) | (b)<br>Identity of issuer,<br>borrower, lessor,<br>or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Bank of America, N.A.                                               | Stable Asset Fund                                                                                                    | **          | \$ 10,192,096           |
|     | American Funds                                                      | Income Fund - Class R-4                                                                                              | **          | 7,603,025               |
|     | Columbia                                                            | LifeGoal Balanced Growth - Class Z                                                                                   | **          | 5,194,541               |
|     | Pimco                                                               | Total Return Administrative Class                                                                                    | **          | 4,614,872               |
|     | American Funds                                                      | Growth Fund of America - Class R-4                                                                                   | **          | 3,375,740               |
|     | American Funds                                                      | Europacific Growth - Class R-4                                                                                       | **          | 3,247,574               |
|     | BlackRock                                                           | Large Cap Core Plus Institutional                                                                                    | **          | 2,480,475               |
|     | Columbia                                                            | LifeGoal Growth - Class Z                                                                                            | **          | 2,220,059               |
|     | American Funds                                                      | Capital Income Builder - Class R                                                                                     | **          | 2,155,617               |
|     | BlackRock                                                           | Large Cap Value Institutional                                                                                        | **          | 1,337,884               |
|     | Dreyfus                                                             | Structured Midcap                                                                                                    | **          | 1,201,586               |
|     | Columbia                                                            | Acorn Select - Class Z                                                                                               | **          | 1,108,578               |
|     | Columbia                                                            | Small Cap Value II - Class Z                                                                                         | **          | 977,165                 |
|     | Columbia                                                            | High Income - Class Z                                                                                                | **          | 959,964                 |
|     | Royce                                                               | Value Plus Service                                                                                                   | **          | 933,152                 |
|     | Columbia                                                            | Mid Cap Value - Class Z                                                                                              | **          | 917,188                 |
|     | Columbia                                                            | Large Cap Index - Class Z                                                                                            | **          | 614,238                 |
|     | Columbia                                                            | LifeGoal Income - Class Z                                                                                            | **          | 573,940                 |
|     | American Funds                                                      | US Treasury Money                                                                                                    | **          | 496,683                 |
|     | Columbia                                                            | LifeGoal Income & Growth                                                                                             | **          | 316,495                 |
|     | MFS                                                                 | Value A                                                                                                              | **          | 260,068                 |
|     | Columbia                                                            | Marsico 21st Century - Class Z                                                                                       | **          | 226,509                 |
| *   | Participant loans                                                   | Interest rates ranging from 4.25% to 10.50%                                                                          | -0-         | 1,950,218               |
|     |                                                                     |                                                                                                                      |             | <u>\$ 52,957,667</u>    |

\* Represents a party-in-interest to the Plan as defined by ERISA.

\*\* Cost information not necessary because it is a participant-directed investment.

## 2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan’s product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

**Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.**

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

**FORM 5500 SCHEDULE C REPORT**  
**SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION**

**EFW INC. SAVINGS & INV. PLAN (060068)**  
**PLAN YEAR END: 12/31**

*For use with lines 2(h), 3(c), 3(d), 3(e)*

**Recipient: Hartford Retirement Services, LLC    EIN: 26-1589907**

**Service Codes: 15, 37, 38, 49, 64, 65, 99, 50 (if direct compensation amount reflected below)**

**1. Direct Compensation** **\$42,115.81**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the 2010 calendar year. Of this amount, our records indicate that Hartford Retirement Services, LLC received **\$16,914.00**. Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Retirement Services, LLC are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

**2. Indirect Compensation**

**Recordkeeping Service Fees**      Payor: Bank of America Corporation    EIN: 94-1687665 **\$78,287.06**

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**Recipient: Reliance Trust Company    EIN: 58-7428634**

*Indirect Compensation*

**Custodial/Trust service fee** **\$2,537.63**

**Service Codes: 19, 99, 25 (if Reliance Trust Company is acting as directed trustee)**

Payors: Hartford Life Insurance Company    EIN: 06-0974148  
Hartford Retirement Services, LLC    EIN: 26-1589907

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**Recipient: Bank of America Corporation    EIN: 94-1687665**

*Direct/Indirect Compensation*

**Bank of America Corporation issue their own fee, expense, and revenue-sharing disclosures directly to Plan Sponsors. Please refer to these disclosures for more detail about indirect and direct fees charged by, or paid to, Bank of America Corporation.**

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**Recipient: GPC Securities    EIN: Inc. 58-1517899**

**Service Codes: 15, 64, 65**

*Indirect Compensation*

**Transaction Processing Services**      Payor: Hartford Retirement Services, LLC    EIN: 26-1589907 **\$10,150.52**