Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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

105 DECKER COURT
SUITE 500
IRVING, TX 75062

105 DECKER COURT
SUITE 500
IRVING, TX 75062

2b Employer Identification Number (EIN)
94-3391258

2c Sponsor's telephone number
972-510-1202

2d Business code (see instructions)
721110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	JULIE KIRKLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

ANDRUS/HUNTINGTON GROUP, INC.

105 DECKER COURT
SUITE 500
IRVING, TX 75062

3b Administrator's EIN
94-3391258

3c Administrator's telephone number
972-510-1202

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	750
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	885
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	904
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	904
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	80
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ANDRUS/HUNTINGTON GROUP, INC.	94-3391258	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37	RECORDKEEPER	9463	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

JCCS, P.C.

81-0348775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	5500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

D Employer Identification Number (EIN)
94-3391258

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-024	C	1

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)

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b Name of sponsor of entity listed in (a):

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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

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b Name of plan sponsor	**c** EIN-PN

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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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

D Employer Identification Number (EIN)
94-3391258

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	355899	392254
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	31442	39088
(9) Value of interest in common/collective trusts	1c(9)	1	1
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	944820	1053936
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1332162	1485279
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1332162	1485279

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	52889	
	(B) Participants	2a(1)(B)	125317	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		178206
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	73	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2099	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2172
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	19370	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		19370
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		116209
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		315957
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	140248	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		140248
f Corrective distributions (see instructions)	2f		4533
g Certain deemed distributions of participant loans (see instructions)	2g		3087
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	14972	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14972
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		162840
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		153117
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: JCCS, P.C. (2) EIN: 81-0348775

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
ANDRUS/HUNTINGTON GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDRUS/HUNTINGTON GROUP, INC.

D Employer Identification Number (EIN)
94-3391258

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ANDRUS/HUNTINGTON GROUP INC.
401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP
PLAN 001

AUDITED FINANCIAL STATEMENTS
With Supplemental Material

December 31, 2010 and 2009

Junkermier · Clark
Campanella · Stevens · P.C.
Certified Public Accountants and Business Advisors

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
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Junkermier • Clark
Campanella • Stevens • P.C.

220 West Lamme, Suite 3A
P.O. Box 1965
Bozeman, MT 59771-1965
Ph. (406) 587-1277
Fx. (406) 587-8794
www.jccscpa.com

Certified Public Accountants • Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Advisory Committee of the
Andrus/Huntington Group Inc. c/o Huntington Service Corp
Bozeman, Montana

We were engaged to audit the financial statements of Andrus/Huntington Group Inc. c/o Huntington Service Corp, Plan 001, as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company for the year ended December 31, 2010, the trustee of Plan investments, except for comparing the information and the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the investment trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the investment trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the investment 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 the investment custodians, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Junkermier Clark Campanella Stevens PC

Bozeman, Montana
October 5, 2011

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2010	**2009**
ASSETS		
Investments:	$ 1,446,190	$ 1,300,719
Receivables:		
Participant contributions	6,834	6,185
Employer's contribution	39,787	52,859
Notes receivable from participants	39,088	31,442
	85,709	90,486
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,531,899	$ 1,391,205

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net realized and unrealized gain on investments	$ 116,209	
Interest and dividend income	19,442	
Interest on notes receivable from participants	2,099	
		$ 137,750
Contributions:		
Participant elective deferrals	125,997	
Employer contributions	39,787	
		165,784
Total additions		303,534
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants or beneficiaries	140,248	
Corrective distributions	4,533	
Deemed distributions	3,087	
Administrative expenses	14,972	
Total deductions		162,840
NET INCREASE		140,694
Net assets available for benefits, beginning of year		1,391,205
NET ASSETS AVAILABLE FOR BENEFITS, end of year		$ 1,531,899

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

1. DESCRIPTION OF PLAN

The following description of the Andrus/Huntington Group Inc. 401K Plan, Plan 001 provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a voluntary defined contribution plan qualifying under Section 401(K) of the Internal Revenue Code of 1986. It covers substantially all U.S. employees of the company. Employees may enter the Plan upon completion of six months of service and attainment of age 21. Entry dates are the first day of each month following the date the employee meets the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is a single employer plan and has been restated effective September 8, 2009 to incorporate required regulatory updates.

Contributions:

Each calendar year, participants may contribute elective deferrals up to the lesser of $16,500 in 2010 and $16,500 in 2009 not to exceed 60% of their pretax annual compensation, as defined in the Plan. There is an opportunity for a catch-up contribution in the amount of $5,500 for participants 50 and older for 2010 and 2009. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds. At its discretion, the Company may make matching contributions. In addition, nonelective contributions integrated with social security may be made. Participants are eligible for matching contributions and nonelective contributions as long as they have completed a year of service, defined as 1,000 hours, and are employed on the last day of the plan year.

Participant Accounts:

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of Plan earnings. Investment income (loss) is allocated to each participant's account according to the number of units held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants:

Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested interest in their account balance, whichever is less. The loans are secured by the balance in the participants's account and bear interest at a rate of 5.5% which is commensurate with the local prevailing rates as determined by the Plan administrator. Plan loans must be repaid by a salary deduction in equal payments each pay period. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

1. DESCRIPTION OF PLAN (Continued)

Vesting:

Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. An employee is credited with a year of service upon each anniversary date following date of hire. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

Years Of Service	Vesting Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

Payment of Benefits and Disposition of Forfeitures:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until the later of April 1 of the year succeeding the year in which age 70-1/2 is attained or termination of employment. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code. Terminated participants with vested account balances less than $1,000 will have their account balance distributed as soon as administratively feasible. Terminated participants with account balances greater than $1,000, but less than $5,000 will have their account rolled into an IRA. Account balances forfeited under the vesting schedule are used to pay plan administrative expenses or to reduce the employer contribution in the subsequent Plan year. For the Plan years ended December 31, 2010 and 2009, forfeitures accumulated during the previous Plan year were used to pay plan expenses of $13,588 and $11,200, respectively.

Investment Options:

Upon enrollment in the Plan, a participant may direct both their employee and employer contributions, in any of the investment options offered by the plan. Participants may change their investment options at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held in individual separate accounts. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Notes receivable from participants are valued at cost, which approximates fair value.

Payments of Benefits:

Benefits are recorded when paid.

3. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. All investment information disclosed in the accompanying financial statements and schedule including investments held at December 31, 2010 and 2009, and net appreciation in fair value of investments, interest, dividends, gain on sales of assets, investment expenses and administrative fees for the years ended December 31, 2010 and 2009 were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Accordingly, as permitted under such election, the following information was not subjected to any auditing procedures performed by the independent public accountants, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule:

	2010	2009
Market value of investment assets	$ 1,446,190	$ 1,300,719
Plan investment income	$ 135,652	$ 222,850

4. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) developed the Accounting Standard Codification (ASC) 820, “Fair Value Measurements,” to establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the “Fair Value Measurements” guidance are described as follows:

Level 1 - observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

Level 2 - observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

4. FAIR VALUE MEASUREMENTS (Continued)

Level 3 - inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

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

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

Mutual Funds: Valued at the net asset value of shares held by the Plan at year end.

Assets and liabilities itemized below were measured at fair value during the year ended using the market approach for Level 1. There have been no changes in the methodologies used at December 31, 2010.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value and security type as of December 31, 2010 and 2009:

	Fair Value Measurement Using: Quoted Price in Active Markets for Identical Assets Level 1
December 31, 2010	
Mutual funds	
Large Cap	$ 245,262
Mid Cap	49,284
Small Cap	9,880
International	40,001
Specialty	114,041
Blended	569,513
Bond	25,955
Short Term	392,254
Total investments at fair value	$ 1,446,190
December 31, 2009	
Mutual funds	
Large Cap	$ 337,555
Mid Cap	48,027
Small Cap	4,664
International	44,194
Specialty	12,623
Blended	465,031
Bond	32,725
Short Term	355,900
Total investments at fair value	$ 1,300,719

5. INVESTMENTS

All of the Plan's investments in mutual funds were held by Fidelity Management Trust Company as of December 31, 2010 and 2009. The investments are self-directed by plan participants. As of December 31, 2010 and 2009, the participants had a choice of various mutual funds. The following table presents the fair value of investments as determined by quoted market prices at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets.

Description	2010	Description	2009
FID Contrafund	$ 138,001	FID Contrafund	$ 189,456
FID Real Estate	114,041	FID Real Estate	-
FID Freedom 2020	230,436	FID Freedom 2020	190,098
FID Freedom 2030	192,554	FID Freedom 2030	157,763
Fidelity Retire MMKT	392,254	Fidelity Retire MMKT	355,899
Total funds listed above	1,067,286	Total funds listed above	893,216
Other mutual fund investments	378,904	Other mutual fund investments	407,503
Total mutual fund investments	$ 1,446,190	Total mutual fund investments	$ 1,300,719

6. TAX STATUS

The Plan has adopted a volume submitter plan document sponsored by Fidelity and as such, may rely on the Internal Revenue Service advisory letter as evidence that the plan is qualified under Section 401 of the Internal Revenue Code.

7. UNCERTAIN TAX STATUS

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2010, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan's income tax returns are subject to examination by the appropriate regulatory authorities as of December 31, 2010, the Plan's federal tax returns generally remain open for the last 3 years.

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Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, partially terminated, or if there is a complete discontinuance of contributions by the employer, all amounts credited to the accounts of participants shall vest and become non-forfeitable.

9. ADMINISTRATIVE EXPENSES

The Plan sponsor pays for some of the administrative expenses for operating the Plan. Generally, those expenses include the cost of audit and some administration fees. The Plan permits the payment of plan-related expenses to be made from plan assets. These expenses will be allocated proportionately based on the value of the account balances or as an equal dollar amount based on the number of plan participants. The Plan permits the payment of expenses which are incurred by or attributable to a particular individual based on the use of a particular plan feature to be assessed against an individual participant's account. Examples of these are loan fees, expenses related to qualified domestic relations orders (QDROs) and hardship distributions.

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Fidelity Management Trust Company acts as trustee and custodian of the Plan. Additionally, certain mutual funds offered as investment options under the Plan are managed by Fidelity Management Trust Company. The Fidelity Management Trust Company provides certain accounting, administrative and investment management services to the Plan for which $9,463 and $7,026 fees were charged for the year ending December 31, 2010 and 2009, respectively. Junkermier, Clark, Campanella, Stevens P.C. provides audit services for the Plan. Audit fees paid by the Plan were $5,500 and $4,750 for the years ending December 31, 2010 and 2009, respectively. These transactions are exempt party-in-interest transactions.

11. FINANCIAL STATEMENTS AND FORM 5500 DIFFERENCES

The following summarizes differences between the financial statements and Form 5500:

	2010	2009
Receivables - financial statements	$ 46,621	$ 59,044
Net assets available for benefits:		
Financial statements	$ 1,531,899	$ 1,391,205
Less receivables	(46,621)	(59,044)
Form 5500	$ 1,485,278	$ 1,332,161
Contributions - financial statements	$ 165,784	$ 191,366
Receivables - prior year balance	59,044	60,752
Receivables -current year balance	(46,621)	(59,044)
Contributions - Form 5500	$ 178,207	$ 193,074

12. RISKS AND UNCERTAINTIES

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

13. RECLASSIFICATION

Certain reclassifications have been made to the 2009 financial statements presentation to correspond to the current year's format. Net assets available for benefits were unaffected by the reclassifications.

14. SUBSEQUENT EVENTS

Date of Management Evaluation

Management has evaluated subsequent events through October 5, 2011, the date on which the financial statements were available to be issued.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
Employer Identification Number: 94-3391258
FORM 5500
SCHEDULE H LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2010

(a)	(b) + (c)		(d)	(e)
			Cost	Fair Value
	Identity of Issue and Description	(shares)	2010	2010
	Cash Equivalents:			
	Fidelity Retire MMKT	392,253.830	$ 392,254	$ 392,254
	Total cash equivalents		392,254	392,254
	Mutual Fund:			
	FID Fidelity	76.197	2,225	2,450
	FID Puritan	2,076.948	32,274	37,198
	FID Equity Income	137.066	6,160	6,067
	FID Growth	254.133	16,020	21,131
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	FID Intermed Bond B	1,393.550	13,980	14,702
	FID Value	265.931	14,493	18,267
	FID OTC Portfolio	85.403	3,378	4,691
	FID Overseas	571.936	19,697	18,576
	FID Dividend Growth	267.622	7,556	7,608
	FID Blue Chip Growth	279.936	11,067	12,695
	Fidelity Low PR STK	170.459	5,350	6,542
	Fidelity Gr Strategies	295.793	5,000	6,046
	FID Diversified Intl	710.588	21,288	21,424
	FID Mid Cap Stock	638.756	13,774	18,428
	FID Large Cap Stock	456.175	7,124	8,033
	FID Freedom Income	234.969	2,548	2,650
	FID Freedom 2000	513.304	5,661	6,129
	FID Freedom 2010	2,290.505	29,738	31,128
	FID Freedom 2015	2,682.796	27,402	30,423
	FID Freedom 2025	692.239	7,267	7,975
	FID Freedom 2020	16,710.394	223,221	230,436
	FID SM Cap Discovery	101.692	1,796	2,082
	SPTN Total MKT Index	33.524	1,088	1,221
	Fidelity Freedom 2040	2,055.250	15,558	16,463
	Fidelity Freedom 2045	227.000	2,007	2,154
	Fidelity Freedom 2050	120.303	1,009	1,128
	Fidelity Contrafund	2,037.515	106,812	138,001
	Fidelity Real Estate INVS	4,439.121	99,342	114,041
	Fidelity EXP & Multinational	1,586.675	30,155	34,605
	Fidelity Short Term Bond	413.125	3,488	3,495
	Fidelity Freedom 2005	201.240	2,260	2,273
	Fidelity Freedom 2035	784.865	8,411	9,002
	Fidelity Fifty	200.767	3,270	3,540
	Fidelity Small Cap Value	451.258	5,501	7,044
	FID Value Strategies	27.085	661	755
	FID Equity Income II	286.010	4,507	5,221
	FID Freedom 2030	13,983.584	194,436	192,554
	Total Mutual Fund		962,906	1,053,936
	PARTICIPANT NOTES RECEIVABLE 5.5%		-	39,088
	GRAND TOTAL		$ 1,355,160	$ 1,485,278

See the independent auditors' report.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

Number, street, and room or suite no. (If a P.O. box, see instructions)

City or town, state, and ZIP code

B **Filer's identifying number (see instructions).**

☐ Employer identification number (EIN).

☐ Social security number (SSN)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1				
2				
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until ____/____/____ to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

ANDRUS/HUNTINGTON GROUP INC.
401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP
PLAN 001

AUDITED FINANCIAL STATEMENTS
With Supplemental Material

December 31, 2010 and 2009

Junkermier · Clark
Campanella · Stevens · P.C.
Certified Public Accountants and Business Advisors

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
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Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
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Schedule of assets held for investment purposes	13

Junkermier • Clark
Campanella • Stevens • P.C.

220 West Lamme, Suite 3A
P.O. Box 1965
Bozeman, MT 59771-1965
Ph. (406) 587-1277
Fx. (406) 587-8794
www.jccscpa.com

Certified Public Accountants • Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Advisory Committee of the
Andrus/Huntington Group Inc. c/o Huntington Service Corp
Bozeman, Montana

We were engaged to audit the financial statements of Andrus/Huntington Group Inc. c/o Huntington Service Corp, Plan 001, as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company for the year ended December 31, 2010, the trustee of Plan investments, except for comparing the information and the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the investment trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the investment trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the investment 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 the investment custodians, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Junkermier Clark Campanella Stevens PC

Bozeman, Montana
October 5, 2011

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2010	**2009**
ASSETS		
Investments:	$ 1,446,190	$ 1,300,719
Receivables:		
Participant contributions	6,834	6,185
Employer's contribution	39,787	52,859
Notes receivable from participants	39,088	31,442
	85,709	90,486
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,531,899	$ 1,391,205

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net realized and unrealized gain on investments	$ 116,209	
Interest and dividend income	19,442	
Interest on notes receivable from participants	2,099	
		$ 137,750
Contributions:		
Participant elective deferrals	125,997	
Employer contributions	39,787	
		165,784
Total additions		303,534
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants or beneficiaries	140,248	
Corrective distributions	4,533	
Deemed distributions	3,087	
Administrative expenses	14,972	
Total deductions		162,840
NET INCREASE		140,694
Net assets available for benefits, beginning of year		1,391,205
NET ASSETS AVAILABLE FOR BENEFITS, end of year		$ 1,531,899

See the notes to financial statements.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

1. DESCRIPTION OF PLAN

The following description of the Andrus/Huntington Group Inc. 401K Plan, Plan 001 provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a voluntary defined contribution plan qualifying under Section 401(K) of the Internal Revenue Code of 1986. It covers substantially all U.S. employees of the company. Employees may enter the Plan upon completion of six months of service and attainment of age 21. Entry dates are the first day of each month following the date the employee meets the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is a single employer plan and has been restated effective September 8, 2009 to incorporate required regulatory updates.

Contributions:

Each calendar year, participants may contribute elective deferrals up to the lesser of $16,500 in 2010 and $16,500 in 2009 not to exceed 60% of their pretax annual compensation, as defined in the Plan. There is an opportunity for a catch-up contribution in the amount of $5,500 for participants 50 and older for 2010 and 2009. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds. At its discretion, the Company may make matching contributions. In addition, nonelective contributions integrated with social security may be made. Participants are eligible for matching contributions and nonelective contributions as long as they have completed a year of service, defined as 1,000 hours, and are employed on the last day of the plan year.

Participant Accounts:

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of Plan earnings. Investment income (loss) is allocated to each participant's account according to the number of units held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants:

Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested interest in their account balance, whichever is less. The loans are secured by the balance in the participants's account and bear interest at a rate of 5.5% which is commensurate with the local prevailing rates as determined by the Plan administrator. Plan loans must be repaid by a salary deduction in equal payments each pay period. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

1. DESCRIPTION OF PLAN (Continued)

Vesting:

Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. An employee is credited with a year of service upon each anniversary date following date of hire. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

Years Of Service	Vesting Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

Payment of Benefits and Disposition of Forfeitures:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until the later of April 1 of the year succeeding the year in which age 70-1/2 is attained or termination of employment. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code. Terminated participants with vested account balances less than $1,000 will have their account balance distributed as soon as administratively feasible. Terminated participants with account balances greater than $1,000, but less than $5,000 will have their account rolled into an IRA. Account balances forfeited under the vesting schedule are used to pay plan administrative expenses or to reduce the employer contribution in the subsequent Plan year. For the Plan years ended December 31, 2010 and 2009, forfeitures accumulated during the previous Plan year were used to pay plan expenses of $13,588 and $11,200, respectively.

Investment Options:

Upon enrollment in the Plan, a participant may direct both their employee and employer contributions, in any of the investment options offered by the plan. Participants may change their investment options at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held in individual separate accounts. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Notes receivable from participants are valued at cost, which approximates fair value.

Payments of Benefits:

Benefits are recorded when paid.

3. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. All investment information disclosed in the accompanying financial statements and schedule including investments held at December 31, 2010 and 2009, and net appreciation in fair value of investments, interest, dividends, gain on sales of assets, investment expenses and administrative fees for the years ended December 31, 2010 and 2009 were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Accordingly, as permitted under such election, the following information was not subjected to any auditing procedures performed by the independent public accountants, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule:

	2010	2009
Market value of investment assets	$ 1,446,190	$ 1,300,719
Plan investment income	$ 135,652	$ 222,850

4. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) developed the Accounting Standard Codification (ASC) 820, “Fair Value Measurements,” to establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the “Fair Value Measurements” guidance are described as follows:

Level 1 - observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

Level 2 - observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

4. FAIR VALUE MEASUREMENTS (Continued)

Level 3 - inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

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

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

Mutual Funds: Valued at the net asset value of shares held by the Plan at year end.

Assets and liabilities itemized below were measured at fair value during the year ended using the market approach for Level 1. There have been no changes in the methodologies used at December 31, 2010.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value and security type as of December 31, 2010 and 2009:

	Fair Value Measurement Using: Quoted Price in Active Markets for Identical Assets Level 1
December 31, 2010	
Mutual funds	
Large Cap	$ 245,262
Mid Cap	49,284
Small Cap	9,880
International	40,001
Specialty	114,041
Blended	569,513
Bond	25,955
Short Term	392,254
Total investments at fair value	$ 1,446,190
December 31, 2009	
Mutual funds	
Large Cap	$ 337,555
Mid Cap	48,027
Small Cap	4,664
International	44,194
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Description	2010	Description	2009
FID Contrafund	$ 138,001	FID Contrafund	$ 189,456
FID Real Estate	114,041	FID Real Estate	-
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The Plan has adopted a volume submitter plan document sponsored by Fidelity and as such, may rely on the Internal Revenue Service advisory letter as evidence that the plan is qualified under Section 401 of the Internal Revenue Code.

7. UNCERTAIN TAX STATUS

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2010, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan's income tax returns are subject to examination by the appropriate regulatory authorities as of December 31, 2010, the Plan's federal tax returns generally remain open for the last 3 years.

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The following summarizes differences between the financial statements and Form 5500:

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Net assets available for benefits:		
Financial statements	$ 1,531,899	$ 1,391,205
Less receivables	(46,621)	(59,044)
Form 5500	$ 1,485,278	$ 1,332,161
Contributions - financial statements	$ 165,784	$ 191,366
Receivables - prior year balance	59,044	60,752
Receivables -current year balance	(46,621)	(59,044)
Contributions - Form 5500	$ 178,207	$ 193,074

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

13. RECLASSIFICATION

Certain reclassifications have been made to the 2009 financial statements presentation to correspond to the current year's format. Net assets available for benefits were unaffected by the reclassifications.

14. SUBSEQUENT EVENTS

Date of Management Evaluation

Management has evaluated subsequent events through October 5, 2011, the date on which the financial statements were available to be issued.

ANDRUS/HUNTINGTON GROUP INC. 401(K) PROFIT SHARING PLAN
C/O HUNTINGTON SERVICE CORP, PLAN 001
Employer Identification Number: 94-3391258
FORM 5500
SCHEDULE H LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2010

(a)	(b) + (c)		(d)	(e)
			Cost	Fair Value
	Identity of Issue and Description	(shares)	2010	2010
	Cash Equivalents:			
	Fidelity Retire MMKT	392,253.830	$ 392,254	$ 392,254
	Total cash equivalents		392,254	392,254
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	FID Puritan	2,076.948	32,274	37,198
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	FID Dividend Growth	267.622	7,556	7,608
	FID Blue Chip Growth	279.936	11,067	12,695
	Fidelity Low PR STK	170.459	5,350	6,542
	Fidelity Gr Strategies	295.793	5,000	6,046
	FID Diversified Intl	710.588	21,288	21,424
	FID Mid Cap Stock	638.756	13,774	18,428
	FID Large Cap Stock	456.175	7,124	8,033
	FID Freedom Income	234.969	2,548	2,650
	FID Freedom 2000	513.304	5,661	6,129
	FID Freedom 2010	2,290.505	29,738	31,128
	FID Freedom 2015	2,682.796	27,402	30,423
	FID Freedom 2025	692.239	7,267	7,975
	FID Freedom 2020	16,710.394	223,221	230,436
	FID SM Cap Discovery	101.692	1,796	2,082
	SPTN Total MKT Index	33.524	1,088	1,221
	Fidelity Freedom 2040	2,055.250	15,558	16,463
	Fidelity Freedom 2045	227.000	2,007	2,154
	Fidelity Freedom 2050	120.303	1,009	1,128
	Fidelity Contrafund	2,037.515	106,812	138,001
	Fidelity Real Estate INVS	4,439.121	99,342	114,041
	Fidelity EXP & Multinational	1,586.675	30,155	34,605
	Fidelity Short Term Bond	413.125	3,488	3,495
	Fidelity Freedom 2005	201.240	2,260	2,273
	Fidelity Freedom 2035	784.865	8,411	9,002
	Fidelity Fifty	200.767	3,270	3,540
	Fidelity Small Cap Value	451.258	5,501	7,044
	FID Value Strategies	27.085	661	755
	FID Equity Income II	286.010	4,507	5,221
	FID Freedom 2030	13,983.584	194,436	192,554
	Total Mutual Fund		962,906	1,053,936
	PARTICIPANT NOTES RECEIVABLE 5.5%		-	39,088
	GRAND TOTAL		$ 1,355,160	$ 1,485,278

See the independent auditors' report.