Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
F-D-S MANUFACTURING COMPANY, INC. 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1986

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

2200 SOUTH RESERVOIR STREET
POMONA, CA 91766

2b Employer Identification Number (EIN) 95-1622718

2c Sponsor's telephone number 909-591-1733

2d Business code (see instructions) 322200

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.	10/18/2011	ROBERT STEVENSON
	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")
FDS MANUFACTURING COMPANY

2200 SOUTH RESERVOIR STREET
POMONA, CA 91766

3b Administrator's EIN
95-1622718

3c Administrator's telephone number
909-591-1733

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**	182
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**	130
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	156
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	156
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	117
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
F-D-S MANUFACTURING COMPANY, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
FDS MANUFACTURING COMPANY

D Employer Identification Number (EIN)
95-1622718

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	PH9056	144	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
10984	1086

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MCCARTHY MARY ANN
6083 N FIG GARDEN DR, SUITE 190
FRESNO, CA 93722

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
10984			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACTUARIAL CONSULTANTS, INC.
2377 CRENSHAW BLVD, SUITE 350
TORRANCE, CA 90501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1086	THIRD PARTY ADMINISTRATOR FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	815496
5	Current value of plan's interest under this contract in separate accounts at year end	5	1529586

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☒ other (specify) ▶ OTHER-GROUP PENSION FUNDING

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ OTHER - GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	791680
c	Additions: (1) Contributions deposited during the year	7c(1)	158719		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	25378		
	(4) Transferred from separate account	7c(4)	203285		
	(5) Other (specify below)	7c(5)	42881		
	▶ LOAN REPYMTS, ADJUSTMENTS				
	(6) Total additions			7c(6)	430263
d	Total of balance and additions (add **b** and **c(6)**)			7d	1221943
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	263990		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	137772		
	(4) Other (specify below)	7e(4)	4685		
	▶ LOAN DISBURSEMENTS, ADJUSTMENTS				
	(5) Total deductions			7e(5)	406447
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	815496

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
F-D-S MANUFACTURING COMPANY, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FDS MANUFACTURING COMPANY

D Employer Identification Number (EIN)
95-1622718

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)

ING MUTUAL FUNDS

95-4516049

(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?
28 52 52 63	INVESTMENT PRODUCT PROVID	0	Yes [X] No [ ]	Yes [ ] No [X]	8959	Yes [ ] No [X]

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

ING LIFE INSURANCE AND ANNUITY CO

71-0294708

(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?
60 64 65	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	8613	Yes [ ] No [X]

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

AMERICAN FUNDS

95-1411037

(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?
28 52 63	INVESTMNET PRODUCT PROVID	0	Yes [X] No [ ]	Yes [ ] No [X]	7511	Yes [ ] No [X]

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

ING FINANCAL ADVISERS

06-1375177

(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?
63	BROKER/DEALER	0	Yes [X] No [ ]	Yes [ ] No [X]	6767	Yes [ ] No [X]

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

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

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

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

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
AMERICAN FUNDS	28 52 63	1779

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS NEW PERSPECTIVE FUND 95-2817150	INVESTMENT MANAGMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	2743

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS THE GROWTH FUND OF A 52-0792143	INVESTMENT MANAGMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	2028

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS WASHINGTON MUTUAL 66-0793788	INVESTMENT MANAGMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
F-D-S MANUFACTURING COMPANY, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FDS MANUFACTURING COMPANY

D Employer Identification Number (EIN)
95-1622718

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: ING LEGG MASON PRTNS AGGR GR ADV

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

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)
71-0294708-253	P	22324

a Name of MTIA, CCT, PSA, or 103-12 IE: ING T ROWE PRICE GRWTH EQ PORT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

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)
71-0294708-256	P	110144

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS LARGECAP FUND

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

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)
71-0294708-310	P	11918

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS MIDCAP FUND

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

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)
71-0294708-311	P	118631

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS SMALL CAP FUND

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

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)
71-0294708-312	P	14157

a Name of MTIA, CCT, PSA, or 103-12 IE: ING T ROWE PRICE EQUITY INC PT ADV

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

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)
71-0294708-316	P	22445

a Name of MTIA, CCT, PSA, or 103-12 IE: ING T ROWE PRICE CAP APPREC PORT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

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)
71-0294708-320	P	86645

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW PERSPECTIVE FUND CLASS R			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-338	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	117582
a Name of MTIA, CCT, PSA, or 103-12 IE: ING JPMORGAN MID CAP VAL PORT			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-441	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	83739
a Name of MTIA, CCT, PSA, or 103-12 IE: ING BARON SMALL CAP GROWTH PORT			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-442	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17174
a Name of MTIA, CCT, PSA, or 103-12 IE: ING PIMCO TOTAL RETURN PORT			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-446	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	83623
a Name of MTIA, CCT, PSA, or 103-12 IE: ING AM CENT SMMIDCAPVALUE			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-447	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77263
a Name of MTIA, CCT, PSA, or 103-12 IE: ING MONEY MARKET FUND			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-467	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7193
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS FUND			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-481	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	146286
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-486	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	206885
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-494	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65758
a Name of MTIA, CCT, PSA, or 103-12 IE: ING INTERMEDIATE BOND FUND			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-497	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	170389

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER HIGH YIELD FUND - CLASS R

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-928	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174623

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

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
F-D-S MANUFACTURING COMPANY, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FDS MANUFACTURING COMPANY

D Employer Identification Number (EIN)
95-1622718

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)	6387	29061
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5443	7193
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1399458	1529586
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	791680	815496
(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	2202968	2381336
	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	2202968	2381336

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	181393	
	(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)		181393
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		222770
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		404163
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	221458	
(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)		221458
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4337	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4337
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		225795
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		178368
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: GYL DECAUWER LLP (2) EIN: 33-0482495

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		168905
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		300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
F-D-S MANUFACTURING COMPANY, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FDS MANUFACTURING COMPANY

D Employer Identification Number (EIN)
95-1622718

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): 71-0294708

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):

F·D·S MFG.

F-D-S Manufacturing Company, Inc
401(k) Plan & Trust
FINANCIAL STATEMENTS

For the Year Ended
December 31, 2010 and 2009

GYL Decauwer LLP
Certified Public Accountants Business Consultants

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

TABLE OF CONTENTS

Independent Auditor's Report 1

Statements of Net Assets Available for Benefits 2

Statement of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4-11

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 12-13

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions 14

GYL Decauwer LLP
Certified Public Accountants Business Consultants

JOHN LERIAS, CPA
STEPHEN C. WILLIAMS, CPA
JOSEPH O. ROMERO, CPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
F-D-S Manufacturing Company, Inc.
401(k) Plan & Trust
Pomona, California

We were engaged to audit the financial statements of the F-D-S Manufacturing Company, Inc. 401(k) Plan & Trust as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedules as of December 31, 2010 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform , any auditing procedures with respect to the information summarized in Note 3, which is certified by ING Life Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

GYL Decauwer LLP

GYL Decauwer LLP
Rancho Cucamonga, California

October 13, 2011

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your Success is our DESTINATION

CPAMERICA INTERNATIONAL

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

ASSETS

	2010	2009
Investments, at fair value		
Participant-directed investments		
Guaranteed interest account	$ 809,682	$ 768,215
Pooled separate accounts	1,536,779	1,404,902
Total Investments, at fair value	2,346,461	2,173,117
Participant contributions receivable	29,061	6,387
Total Assets	2,375,522	2,179,504

LIABILITIES

Net Assets Available For Benefits at fair value	2,375,522	2,179,504
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	5,814	23,465
Net Assets Available for Benefits	$ 2,381,336	$ 2,202,969

See accompanying independent auditor's report and notes

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income	
Net appreciation in fair value of investments	$ 222,770
Plan Contributions	
Participants	181,393
TOTAL ADDITIONS	404,163
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	221,458
Administrative expenses	4,338
TOTAL DEDUCTIONS	225,796
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	178,367
NET ASSETS AVAILABLE FOR BENEFITS:	
Net Assets - Beginning	2,202,969
Net Assets - Ending	$ 2,381,336

See accompanying independent auditor's report and notes

NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

Note 1 Description of Plan

The following description of the F-D-S Manufacturing Company, Inc. 401(k) Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan consists of a profit sharing and 401(k) feature. The profit sharing feature is a discretionary, contributory defined contribution profit sharing plan covering substantially all employees of the Company who have attained the age of twenty and have completed one year and one thousand hours of service. Effective August 23, 2004, the profit sharing plan of F-D-S Manufacturing Company, Inc. (the Company) added 401(k) salary deferral and employer matching contribution features. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants may voluntarily contribute up to 100% of their pretax compensation through payroll deductions, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers eighteen mutual funds as investment options for participants. The Company's contributions to the Plan are determined on an annual basis and are subject to the discretion of the Company's board of directors. Contributions are subject to certain limitations. The Company has elected not to make matching contributions as of December 31, 2010 and 2009.

Participant Accounts - Each participant's account is credited with the participants' contributions and allocations of (a) the Company's contribution, (b) plan earnings, and charged with an allocation of administrative expenses. Allocation of the Company's contribution is based on the participants' annual compensation. All other allocations are based on the participants' account balances. 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 voluntary contributions plus actual earnings thereon. Participants vesting in the Company's contributions plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after 6 years of credited service.

Participant Loans - Loans to participants are not permitted.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, or equal monthly, quarterly, semi-annual or annual cash installments over a period certain that does not extend beyond the participant's life. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, in equal installments, or elect to rollover the balance in another qualified benefit plan.

Note 1 **Description of Plan** (continued)

Forfeited Accounts - These accounts may be used to defray administrative expenses of the Plan, allocate to eligible participants based on the allocation ratio of the employer's contribution, or reduce future employer contributions. Forfeiture amounts of $1,532 and $6,426 for the years ended December 31, 2010 and 2009, respectively, were used to defray administrative expenses of the Plan. The forfeiture account balance was $7,193 and $5,443 for the years ended December 31, 2010 and 2009, respectively.

Note 2 **Summary of Significant Accounting Policies**

Basis of Accounting - The accompanying financial statements have been prepared on the accrual method of accounting and include only assets, liabilities and changes in net assets of the Plan in conformity with accounting principles generally accepted in the United States of America.

As described in Financial Accounting Standards Board Accounting Standards Codification 962-325-35 (FASB ASC 962-325-35), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, Financial Accounting Standards Board Accounting Standards Codification 962-205-45-2 (FASB ASC 962-205-45-2), 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, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition - The Plan's investments are reported at the value reported to the Plan by the trustee, which represents fair value except for its investment contract. Investments in insurance company deposit administration contracts (guaranteed investment contracts or GIC's) are reported at contract value as determined by the trustee if the contract is fully benefit responsive, or otherwise at fair value. The asset trustee during 2010 and 2009 was ING Life Insurance and Annuity Company (ING). Investments in pooled separate accounts are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. See Footnote 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles, requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Note 2 **Summary of Significant Accounting Policies** (continued)

Administration expenses - The Plan incurred administrative expenses of $4,337 for the year ended December 31, 2010.

Payments of Benefits - Benefits are recorded when paid.

Note 3 **Investments Information Certified by the Trustee**

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by ING, the Plan trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedules.

The following information presents the fair value of the participant-directed investments in this Plan that was certified by the trustee. Single investments representing 5% or more of the Plan's net assets at December 31 are separately identified.

	2010	2009
Pooled Separate Accounts:		
T. Rowe Price Growth	$ 110,144	$ 99,945
Index Plus MidCap Fund	118,631	97,929
New Perspective Fund	117,582	101,127
Washington Mutual Investors Fund	146,286	132,438
The Growth Fund of America Fund	206,885	185,559
ING Intermediate Bond Fund	170,389	164,930
Pioneer High Yield Fund	174,623	166,835
Other*	492,239	456,139
	1,536,779	1,404,902
Guaranteed Investment Accounts:		
ING Fixed Assets Account at 2.67% and 2.45%, respectively	809,682	768,215
	$ 2,346,461	$ 2,173,117

*Individually, balances are less than 5% of net assets available for benefits.

ING also certified the completeness and accuracy of $ 222,770 of net appreciation in fair value of investments for the year ended December 31, 2010. The Plan's investments (including gains and losses on investment bought and sold, as well as held during the year) depreciated as follows:

Note 3 Investments Information Certified by the Trustee (continued)

Guaranteed interest account	$ 25,378
Pooled separate accounts	197,392
Total	$ 222,770

Note 4 Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820 (FASB ASC 820), Fair Value Measurements and Disclosures formerly Financial Accounting Standards Board Statement No. 157, Fair Value Measurements (SFAS No. 157), establishes 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

LEVEL 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

LEVEL 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's 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.

Note 4 Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

Guaranteed interest accounts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Pooled separate accounts: Valued at the net asset value ("NAV") of shares/ units held by the Plan at year end. Pooled separate accounts do not have publically-quoted prices in an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Assets at Fair Value as Of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract	$	$	$ 809,682	$ 809,682
Pooled separate accounts		1,536,779		1,536,779
	$	$ 1,536,779	$ 809,682	$ 2,346,461

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Assets at Fair Value as Of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract	$	$	$ 768,215	$ 768,215
Pooled separate accounts		1,404,902		1,404,902
	$	$ 1,404,902	$ 768,215	$ 2,173,117

Note 4 Fair Value Measurements (continued)

The table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010:

	Guaranteed Investment Contract
Balance, beginning of year	$ 768,215
Unrealized gains/(losses) related to instruments still held at the reporting date	38,693
Purchases, sales, issuances and settlements (net)	2,774
Balance, end of year	$ 809,682

The table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	Guaranteed Investment Contract
Balance, beginning of year	$ 708,544
Unrealized gains/(losses) related to instruments still held at the reporting date	18,809
Purchases, sales, issuances and settlements (net)	40,862
Balance, end of year	$ 768,215

Note 5 Investment Contract with Insurance Company

The Plan maintains an investment in a guaranteed investment contract with ING (ING Fixed Account), which is determined to be fully benefit-responsive. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by ING. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measure for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

Note 5 **Investment Contract with Insurance Company** (continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009 was $ 809,682 and $768,215, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 2.30%. Such interest rates are reviewed on a monthly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required Plan Administrator does not believe that any events would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2010	2009
Average yields		
Based on actual earnings	2.52%	2.67%
Based on interest rate credited to participants	2.52%	2.67%

Note 6 **Plan Termination**

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

Note 7 **Party-In-Interest Transactions**

Certain Plan investments are pooled separate accounts consisting of shares of mutual funds managed by ING. ING is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions by the United States Department of Labor's (DOL) Rules and Regulations.

Note 8 Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated September 17, 2010, that the Plan and related trust are designed in accordance with applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.F-D-S Manufacturing Company, Inc.

Note 9 Risks and Uncertainties

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

Note 10 Uncertain Tax Positions

Financial Accounting Standards Board Accounting Standards Codification 740 (FASB ASC 740), Accounting for Uncertainty in Income Taxes, formerly Financial Accounting Standards Board Interpretation No. 148 (FIN 48), clarifies the accounting for uncertainty income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The standard was adopted on January 1, 2009. The adoption of this standard did not have an impact of the Plan's financial statements for this or previous years.

The Plan files tax returns in the U.S. Federal jurisdiction. The Plan is no longer subject to U.S. tax examinations by tax authorities for tax years before December 31, 2008. If applicable, the Plan recognizes interest accrued related to unrecognized tax benefits and interest expense in operating expenses.

Note 11 Subsequent Events

The Plan has evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued.

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

EIN # 95-1622718
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Costs	Current Value
*	ING Life Insurance & Annuity Company	ING Legg Mason Partners Aggressive Growth Fund	$	$ 22,324
*	ING Life Insurance & Annuity Company	ING T.Rowe Price Growth Equity Portfolio Fund		110,144
*	ING Life Insurance & Annuity Company	ING Index Plus LargeCap Fund		11,918
*	ING Life Insurance & Annuity Company	ING Index Plus MidCap Fund		118,631
*	ING Life Insurance & Annuity Company	ING Index Plus SmallCap Fund		14,157
*	ING Life Insurance & Annuity Company	ING T.Rowe Price Equity Income Portfolio Fund		22,445
*	ING Life Insurance & Annuity Company	ING T.Rowe Price Capital Appreciation Portfolio Fund		86,645
*	ING Life Insurance & Annuity Company	New Perspective Fund		117,582
*	ING Life Insurance & Annuity Company	ING Fixed Account		809,682
*	ING Life Insurance & Annuity Company	ING JPMorgan Mid Cap Value Portfolio Fund		83,739
*	ING Life Insurance & Annuity Company	ING Baron Small Cap Growth Portfolio Fund		17,174

See accompanying independent auditor's report and notes

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

EIN # 95-1622718
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	ING Life Insurance & Annuity Company	ING PIMCO Total Return Portfolio Fund		83,623
*	ING Life Insurance & Annuity Company	ING American Century Small Cap Value Fund		77,263
*	ING Life Insurance & Annuity Company	ING Aeltus Money Market Fund		7,193
*	ING Life Insurance & Annuity Company	Washington Mutual Investors Fund		146,286
*	ING Life Insurance & Annuity Company	The Growth Fund of America Fund		206,885
*	ING Life Insurance & Annuity Company	EuroPacific Growth Fund		65,758
*	ING Life Insurance & Annuity Company	ING Intermediate Bond Fund		170,389
*	ING Life Insurance & Annuity Company	Pioneer High Yield Fund		174,623
		Total	$	$ 2,346,461

* Denotes Party-In-Interest

See accompanying independent auditor's report and notes

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

EIN # 95-1622718
PLAN # 002
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 168,905		$ 168,905		

See accompanying independent auditor's report and notes

F-D-S MANUFACTURING COMPANY, INC.

401(k) Plan & Trust

EIN # 95-1622718

PLAN # 002

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Particiapnt Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
168,905		168,905		

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

EIN # 95-1622718
PLAN # 002
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 168,905		$ 168,905		

See accompanying independent auditor's report and notes

FORM 5500 SERVICE PROVIDER INFORMATION
(SCHEDULE C ATTACHMENT)

PLAN YEAR: 01/01/2010 - 12/31/2010
NAME OF PLAN: F-D-S MANUFACTURING COMPANY, INC. 401(K) AND TRUST
PLAN SPONSOR NAME: F-D-S MANUFACTURING COMPANY, INC.
EIN: 95-1622718
PLAN NUMBER: 002

PART I, LINE 3

Service Provider	Service Codes	Amount	Name and EIN/Address of the Source of the Comp		Description of Comp, including Formula if applicable
ING FINANCIAL ADVISORS	63	1399.15	American Funds The Growth Fund of America	52-0792143	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	1011.45	American Funds Washington Mutual Investor	66-0793788	12B-1 DISTRIBUTION FEES
ING Life Insurance and Annuity Company	64	4281.90	ING Fixed Account	71-0294708	RECORD-KEEPING FEES
ING MUTUAL FUNDS	28 52 63	1291.49	ING Index Plus MidCap Funds Class R	06-1501683	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1194.78	ING Intermediate Bond Fund Class A	52-2125227	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1099.35	ING JPMorgan Mid Cap Value Portfolio	75-3023510	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1139.43	ING PIMCO Total Return Portfolio - Advis	75-3023517	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1262.41	ING T. Rowe Price Growth Equity Portfolio	06-1496081	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
AMERICAN FUNDS	28 52 63	961.21	American Funds EuroPacific Growth Fund	95-1411037	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
AMERICAN FUNDS	28 52 63	1779.01	American Funds New Perspective Fund - C	95-2817150	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
AMERICAN FUNDS	28 52 63	2743.26	American Funds the Growth Fund of America	52-0792143	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
AMERICAN FUNDS	28 52 63	2027.93	American Funds Washington Mutual Investor	66-0793788	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	431.45	American Funds EuroPacific Growth Fund	95-1411037	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	784.47	American Funds New Perspective Fund - C	95-2817150	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	1399.15	American Funds The Growth Fund of America	52-0792143	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	1011.45	American Funds Washington Mutual Investor	66-0793788	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	167.43	ING American Century Small-Mid Cap Value	45-0467862	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	35.63	ING Baron Small Cap Growth Portfolio A	75-3023525	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	48.20	ING Index Plus LargeCap Fund Class R	06-1466028	12B-1 DISTRIBUTION FEES

FORM 5500 SERVICE PROVIDER INFORMATION
(SCHEDULE C ATTACHMENT)

PLAN YEAR: 01/01/2010 - 12/31/2010
NAME OF PLAN: F-D-S MANUFACTURING COMPANY, INC. 401(K) AND TRUST
PLAN SPONSOR NAME: F-D-S MANUFACTURING COMPANY, INC.
EIN: 95-1622718
PLAN NUMBER: 002

PART I, LINE 3

Service Provider	Service Codes	Amount	Name and EIN/Address of the Source of the Comp		Description of Comp, including Formula if applicable
ING FINANCIAL ADVISORS	63	516.62	ING Index Plus MidCap Funds Class R	06-1501683	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	59.87	ING Index Plus SmallCap Fund Class R	06-1501682	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	411.07	ING Intermediate Bond Fund Class A	52-2125227	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	183.19	ING JPMorgan Mid Cap Value Portfolio	75-3023510	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	44.68	ING Legg Mason ClearBridge Aggressive Gr	06-1496052	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	248.60	ING PIMCO Total Return Portfolio - Advis	75-3023517	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	278.26	ING T. Rowe Price Capital Appreciation	95-6895626	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	70.58	ING T. Rowe Price Equity Income Portfolio	95-6895630	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	254.32	ING T. Rowe Price Growth Equity Portfolio	06-1496081	12B-1 DISTRIBUTION FEES
ING FINANCIAL ADVISORS	63	821.84	Pioneer High Yield Fund Class R Shares	04-3500606	12B-1 DISTRIBUTION FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	143.78	American Funds EuroPacific Growth Fund	95-1411037	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	261.44	American Funds New Perspective Fund - C	95-2817150	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	466.35	American Funds The Growth Fund of America	52-0792143	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	337.11	American Funds Washington Mutual Investor	66-0793788	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60 65	405.26	ING American Century Small-Mid Cap Value	45-0467862	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60 65	72.11	ING Baron Small Cap Growth Portfolio A	75-3023525	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	64	4281.90	ING Fixed Account	71-0294708	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	2.97	ING Index Plus LargeCap Fund Class R	06-1466028	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	29.65	ING Index MidCap Fund Class R	06-1501683	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	3.53	ING Index Plus SmallCap Fund Class R	06-1501682	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	24.13	ING Intermediate Bond Fund Class A	52-2125227	SUB-TRANSFER/REIMBURSEMENT FEES

FORM 5500 SERVICE PROVIDER INFORMATION
(SCHEDULE C ATTACHMENT)

PLAN YEAR: 01/01/2010 - 12/31/2010
NAME OF PLAN: F-D-S MANUFACTURING COMPANY, INC. 401(K) AND TRUST
PLAN SPONSOR NAME: F-D-S MANUFACTURING COMPANY, INC.
EIN: 95-1622718
PLAN NUMBER: 002

PART I, LINE 3

Service Provider	Service Codes	Amount	Name and EIN/Address of the Source of the Comp		Description of Comp, including Formula if applicable
ING LIFE INSURANCE AND ANNUITY COMPANY	60 65	377.14	ING JPMorgan Mid Cap Value Portfolio	75-3023510	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60 65	106.50	ING Legg Mason ClearBridge Aggressive Gr	06-1496052	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60 65	501.31	ING PIMCO Total Return Portfolio - Advis	75-3023517	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60 65	399.49	ING T. Rowe Price Capital Appreciation	95-6895626	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60 65	101.34	ING T. Rowe Price Equity Income Portfolio	95-6895630	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60 65	523.30	ING T. Rowe Price Growth Equity Portfolio	06-1496081	SUB-TRANSFER/REIMBURSEMENT FEES
ING LIFE INSURANCE AND ANNUITY COMPANY	60	575.29	Pioneer High Yield Fund Class R Shares	04-3500606	SUB-TRANSFER/REIMBURSEMENT FEES
ING MUTUAL FUNDS	28 52 63	995.07	ING American Century Small-Mid Cap Value	45-0467862	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	225.41	ING Baron Small Cap Growth Portfolio A	75-3023525	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	115.63	ING Index Plus LargeCap Fund Class R	06-1466028	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1291.49	ING Index Plus MidCap Funds Class R	06-1501683	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	149.65	ING Index Plus SmallCap Fund Class R	06-1501682	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1194.78	ING Intermediate Bond Fund Class A	52-2125227	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1099.35	ING JPMorgan Mid Cap Value Portfolio	75-3023510	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	235.94	ING Legg Mason ClearBridge Aggressive Gr	06-1496052	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1139.43	ING PIMCO Total Return Portfolio - Advis	75-3023517	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	997.18	ING T. Rowe Price Capital Appreciation	95-6895626	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	252.92	ING T. Rowe Price Equity Income Portfolio	95-6895630	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
ING MUTUAL FUNDS	28 52 63	1262.41	ING T. Rowe Price Growth Equity Portfolio	06-1496081	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES
PIONEER FUNDS	28 52 63	2416.21	Pioneer High Yield Fund Class R Shares	04-3500606	INVESTMENT MANAGEMENT, INVESTMENT MANAGEMENT FEES, 12B-1 DISTRIBUTION FEES

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

EIN # 95-1622718
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Costs	Current Value
*	ING Life Insurance & Annuity Company	ING Legg Mason Partners Aggressive Growth Fund	$	$ 22,324
*	ING Life Insurance & Annuity Company	ING T.Rowe Price Growth Equity Portfolio Fund		110,144
*	ING Life Insurance & Annuity Company	ING Index Plus LargeCap Fund		11,918
*	ING Life Insurance & Annuity Company	ING Index Plus MidCap Fund		118,631
*	ING Life Insurance & Annuity Company	ING Index Plus SmallCap Fund		14,157
*	ING Life Insurance & Annuity Company	ING T.Rowe Price Equity Income Portfolio Fund		22,445
*	ING Life Insurance & Annuity Company	ING T.Rowe Price Capital Appreciation Portfolio Fund		86,645
*	ING Life Insurance & Annuity Company	New Perspective Fund		117,582
*	ING Life Insurance & Annuity Company	ING Fixed Account		809,682
*	ING Life Insurance & Annuity Company	ING JPMorgan Mid Cap Value Portfolio Fund		83,739
*	ING Life Insurance & Annuity Company	ING Baron Small Cap Growth Portfolio Fund		17,174

See accompanying independent auditor's report and notes

F-D-S MANUFACTURING COMPANY, INC.
401(k) Plan & Trust

EIN # 95-1622718
PLAN # 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	ING Life Insurance & Annuity Company	ING PIMCO Total Return Portfolio Fund		83,623
*	ING Life Insurance & Annuity Company	ING American Century Small Cap Value Fund		77,263
*	ING Life Insurance & Annuity Company	ING Aeltus Money Market Fund		7,193
*	ING Life Insurance & Annuity Company	Washington Mutual Investors Fund		146,286
*	ING Life Insurance & Annuity Company	The Growth Fund of America Fund		206,885
*	ING Life Insurance & Annuity Company	EuroPacific Growth Fund		65,758
*	ING Life Insurance & Annuity Company	ING Intermediate Bond Fund		170,389
*	ING Life Insurance & Annuity Company	Pioneer High Yield Fund		174,623
		Total	$	$ 2,346,461

* Denotes Party-In-Interest

See accompanying independent auditor's report and notes