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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MILLER OF DENTON, LTD. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1983

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MILLER OF DENTON, LTD

2421 I-35W NORTH
DENTON, TX 76207

2b Employer Identification Number (EIN) 75-1669730

2c Sponsor's telephone number 940-566-6717

2d Business code (see instructions) 424800

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.	07/29/2010	KATHIE M HERR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	KATHIE M HERR
	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")
MILLER OF DENTON, LTD

2421 I-35W NORTH
DENTON, TX 76207

3b Administrator's EIN
75-1669730

3c Administrator's telephone number
940-566-6717

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**	265
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**	194
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	220
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	221
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	153
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MILLER OF DENTON, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MILLER OF DENTON, LTD

D Employer Identification Number (EIN)
75-1669730

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)	14	7708
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3970	3900
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	156090	218822
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1720234	2381845
(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)	3500	3500
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2853450	3951007
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4737258	6566782
	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	4737258	6566782

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)	307129	
	(B) Participants	2a(1)(B)	379405	
	(C) Others (including rollovers)	2a(1)(C)	1234	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		687768
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	137058	
	(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)		137058
	(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)		
	(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)	-249518	
	(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)		-249518

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1367487	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1367487
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1942795
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	109885	
(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)		109885
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)	3386	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3386
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		113271
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1829524
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: MATHIS, WEST HUFFINES & CO., P.C. (2) EIN: 75-2205423

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MILLER OF DENTON, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MILLER OF DENTON, LTD

D Employer Identification Number (EIN)
75-1669730

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** 109885

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): 75-2142100

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):

MILLER OF DENTON, LTD
401(K) PLAN

FINANCIAL STATEMENTS
AND INDEPENDENT AUDITOR'S REPORT

YEARS ENDED DECEMBER 31, 2009 AND 2008

MATHIS, WEST, HUFFINES & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS • CONSULTANTS

MILLER OF DENTON, LTD
401(K) PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

YEARS ENDED DECEMBER 31, 2009 AND 2008

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MATHIS, WEST, HUFFINES & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS • CONSULTANTS

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Wichita Falls, Texas 76307-7000
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Independent Auditor's Report

To the Administrator of
Miller of Denton, LTD 401(k) Plan
2421 I-35 W North
Denton, Texas 76205

We were engaged to audit the financial statements of Miller of Denton, LTD 401(k) Plan (formerly known as Clyde D. Fisher, Inc. 401(k) Profit Sharing Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., 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, 2009 and 2008, 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mathis, West, Huffines & Co., P.C.
MATHIS, WEST, HUFFINES & CO., P.C.

Wichita Falls, Texas
June 23, 2010

MILLER OF DENTON, LTD
401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
Assets:		
Investments at fair value (nonparticipant directed):		
Common corporate stocks	2,381,845	1,720,234
Registered securities	3,951,007	2,853,450
Participant loan	3,500	3,500
Total investments	6,336,352	4,577,184
Receivables (nonparticipant directed):		
Employer's contribution	7,708	14
Accrued Income	3,900	3,970
Total receivables	11,608	3,984
Cash and cash equivalents (nonparticipant directed)	218,822	156,090
Total assets (all nonparticipant-directed)	6,566,782	4,737,258
Liabilities:	-	-
Net assets available for benefits	$6,566,782	$ 4,737,258

The accompanying notes are an integral part of these financial statements.

MILLER OF DENTON, LTD
401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments	$ 1,117,969
Dividends and interest	137,058
	1,255,027
Contributions:	
Participants	380,639
Employer	307,129
	687,768
Total additions (all nonparticipant-directed)	1,942,795
Deductions from net assets attributed to:	
Administrative expenses	3,386
Benefits paid to participants	109,885
Total deductions (all nonparticipant-directed)	113,271
Net increase	1,829,524
Net assets available for benefits:	
Beginning of year	4,737,258
End of year	$ 6,566,782

The accompanying notes are an integral part of these financial statements.

MILLER OF DENTON, LTD
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - DESCRIPTION OF PLAN

The following description of the **Miller of Denton, LTD 401(k) Plan** (formerly **Clyde D. Fisher, Inc. 401(k) Profit Sharing Plan**) (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 is a defined contribution plan covering all employees of Miller of Denton, LTD (the Company) who have been employed for at least six consecutive months. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions – Each year, participants may contribute up to $16,500 of pretax annual compensation, respectively, as defined in the Plan and per the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of an additional $5,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants are not allowed to direct the investment of these contributions. Wells Fargo as trustee directs all investments.

The Plan allows for Company discretionary matching and other nonelective contributions to be allocated to eligible participants on the last day of the Plan year. For 2009 and 2008, the Company made employer contributions totaling $307,129 and $277,430, respectively, to the Plan. The total employer contributions to the Plan for 2009 and 2008 represent 7% and 7.883% of eligible compensation, respectively. All Company contributions are invested by the trustee without participant direction.

Eligibility - Employees of the Company are generally eligible to participate in the Plan after six months of service as defined by the Plan unless hired as part of the buyout of Golden Distributing of Wichita Falls on October 14, 2005. Employees hired as part of the buyout are not subject to the six month waiting period.

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

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

Payment of Benefits - Distributions from the Plan will be made when a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), becomes disabled, or otherwise terminates employment with the Company. On termination of service, participants will elect when to receive a lump-sum amount equal to the value of the participant's vested interest. Distributions will be made as soon as practical following the first valuation date following the date of termination. If the participant's account balance is $5,000 or less at termination, there is a mandatory cash-out policy.

MILLER OF DENTON, LTD
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D.)

Note 1 - DESCRIPTION OF PLAN (CONT'D.)

Participant Loans - Participant loans were permitted prior to January 1, 1997. The Plan was amended and participant loans are no longer permitted. The Plan currently has a participant loan in default which originated prior to January 1, 1997. This defaulted participant loan will be paid upon a distribution of the participant's vested benefits.

Forfeitures - The Plan provides that forfeitures, if any, are to be determined on the last day of the Plan year, and any amounts forfeited will be used to reduce the amount of discretionary matching contributions from the Company. At December 31, 2009 and 2008, forfeited nonvested accounts totaled $9,466 and $26,776, respectively.

Note 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

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 certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. *Fair value* is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Operating Expenses - All significant expenses of maintaining the Plan are paid by the Company.

Payment of Benefits - Benefit payments are recorded when paid.

Note 3 - TAX STATUS

As a non-standardized mass-submitter prototype 401(k) plan, the Company intends that the Plan and Trust qualify under the appropriate sections of the Internal Revenue Code. The prototype sponsor obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the form of the plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been restated since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

MILLER OF DENTON, LTD
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D.)

Note 4 - ADMINISTRATION OF THE PLAN

The Plan's assets consist entirely of discretionary trust investments, and cash and cash equivalents. Return on the investments is immediately reinvested. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. All significant administrative expenses are paid directly by the Company.

Note 5 - INVESTMENTS

Investments held by the Plan are listed below. Information regarding the investments held as of December 31, 2009 and 2008 and included in the accompanying financial statements and supplemental schedules was obtained from the trustee. The trustee certified the following information as complete and accurate.

Investments at fair value as determined by quoted market price:

	2009	2008
Common Corporate Stocks	$2,381,845	$1,720,234
Registered Securities	3,951,007	2,853,450
Participant Loan	3,500	3,500
Total	$6,336,352	$4,577,184

All investments are nonparticipant-directed.

During 2009, the Plan's investments (including gains and losses on any investments bought and sold, as well as held during the year) appreciated in value by $1,117,969.

The following identifies investments that are more than $236,863 for 2009 and $292,931 for 2008, representing 5% or more of the Plan's net assets.

	2009	2008
Federated Total Return Bond, 65,779 and 51,356 shares, respectively	$ 715,025	$ 522,805
Metropolitan West FDS Total Return Bond Fund, 48,182 and 38,483 shares, respectively	477,010	346,729
Wells Fargo Advantage Total Return Bond, 94,056 and 70,951 shares, respectively	1,189,809	850,700
Evergreen Intrinsic Value Fund, 39,013 and 35,054 shares, respectively	369,064	255,892
Goldman Sachs Structured International Equity Fund, 19,596 and 44,712 shares, respectively	195,963	355,016
JP Morgan Small Cap Equity Fund, 8,263 shares	248,049	-
MainStay Large Cap Growth Fund, 59,381 and 56,276 shares, respectively	371,728	252,120
MFS Value Fund, 35,424 and 30,152 shares, respectively	735,056	527,959

MILLER OF DENTON, LTD
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D.)

Note 5 - INVESTMENTS (CONT'D.)

Wells Fargo Advantage Capital Growth Fund, 53,262 and 53,470 shares, respectively	740,340	551,275
Wells Fargo Advantage Equity Value Fund, 32,221 and 28,436 shares, respectively	366,355	261,611
Wells Fargo Advantage Growth Fund, 14,437 and 14,958 shares, respectively	382,008	267,302
Total	$5,790,407	$4,191,409

Note 6 - FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, 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 as follows:

Level 1 - Inputs to the valuation methodologyare 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 market;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

MILLER OF DENTON, LTD
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D.)

Note 6 - FAIR VALUE MEASUREMENTS (CONT'D.)

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year-end.

Participant loans: Valued at amortized cost, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

		Assets at Fair Value as of December 31, 2009	
	Fair Value	(Level 1)	(Level 3)
Common corporate stocks	$2,381,845	$2,381,845	$ -
Registered securities	3,951,007	3,951,007	-
Participant loans	3,500	-	3,500
Total	$6,336,352	$6,332,852	$ 3,500

		Assets at Fair Value as of December 31, 2008	
	Fair Value	(Level 1)	(Level 3)
Common corporate stocks	$1,720,234	$1,720,234	$ -
Registered securities	2,853,450	2,853,450	-
Participant loans	3,500	-	3,500
Total	$4,577,184	$4,573,684	$ 3,500

Note 6 - FAIR VALUE MEASUREMENTS (CONT'D.)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

Level 3 Assets for the Year Ended December 31, 2009

	Participant Loans
Beginning balance, January 1, 2009	$ 3,500
Loan repayments	-
Loan issuances	-
Ending balance, December 31, 2009	$ 3,500

Level 3 Assets for the Year Ended December 31, 2008

	Participant Loans
Beginning balance, January 1, 2008	$ 3,500
Loan repayments	-
Loan issuances	-
Ending balance, December 31, 2008	$ 3,500

Note 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Wells Fargo. Wells Fargo is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $3,386 and $2,902 for the years ended December 31, 2009 and 2008, respectively.

Note 8 - RISKS AND UNCERTAINTIES

The Plan's assets are held in a discretionary trust which invests the assets in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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.

MILLER OF DENTON, LTD
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D.)

Note 9 - PLAN TERMINATION

Although it has not formally expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions. All benefits would then be distributed to participants or their beneficiaries at the time and in the manner prescribed by the Plan, ERISA and the IRC.

Note 10 - SUBSEQUENT EVENTS

DATE OF PLAN EVALUATION

The Plan has evaluated subsequent events through June 23, 2010, the date on which the financial statements were available to be issued.

SUBSEQUENT EVENT

When the Plan was restated as of January 1, 2009, it was designed to qualify as a "Safe Harbor 401(k) Plan" under IRC Section 401(k)(12) as of January 1, 2010. As of that date, the Plan will provide a special Safe Harbor matching contribution for those participants who satisfy the eligibility requirements applicable to such Safe Harbor matching contributions.

SUPPLEMENTAL SCHEDULES

MILLER OF DENTON, LTD
401(K) PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

AS OF DECEMBER 31, 2009

EIN: 75-1669730

PLAN #002

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)	Current Value (e)
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Fund	$ 218,822	$ 218,822
	Federated Investors Incorporated	Federated Total Return Bond	696,579	715,025
	Metropolitan West Asset Management LLC	Metropolitan West FDS Total Return Bond Fund	463,887	477,010
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Total Return Bond	1,151,854	1,189,809
	AIM Investments	AIM Small Cap Growth Fund	128,410	123,450
	Evergreen Investments	Evergreen Intrinsic Value Fund	385,224	369,064
	The Goldman Sachs Group, Inc.	Goldman Sachs Small Cap Value Fund	99,947	126,428
	The Goldman Sachs Group, Inc.	Goldman Sachs Structured International Equity Fund	201,802	195,963
	Northern Cross Investments Ltd.	Harbor International Fund	90,255	145,603
	Janus International Holding LLC	Janus Overseas Fund	83,191	146,964
	JP Morgan Asset Management	JP Morgan Small Cap Equity Fund	208,628	248,049
	MainStay Investments	MainStay Large Cap Growth Fund	367,516	371,728
	MFS Investment Management	MFS Value Fund	787,973	735,056
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Capital Growth Fund	813,994	740,340
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Equity Value Fund	403,796	366,355
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Growth Fund	344,588	382,008
*	Participant Loan	Rate - 10%	-	3,500
		Total Investments	$ 6,446,466	$ 6,555,174

MILLER OF DENTON, LTD
401(K) PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

YEAR ENDED DECEMBER 31, 2009

EIN: 75-1669730

PLAN #002

Identity of party involved (a)	Description of asset (include interest rate and maturity in case of a loan) (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain or (loss) (i)
Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Fund	$ 839,640	$ -	$ -	$ -	$ -	$ 839,640	$ -
Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Fund	-	776,906	-	-	-	776,906	-
Federated Investors Incorporated	Federated Total Return Bond	203,177	-	-	-	-	203,177	-
Federated Investors Incorporated	Federated Total Return Bond	-	50,587	-	-	-	49,101	(1,486)
Wells Fargo Bank, N.A.	Wells Fargo Advantage Small Company Value Fund	22,142	-	-	-	-	22,142	-
Wells Fargo Bank, N.A.	Wells Fargo Advantage Small Company Value Fund	-	323,467	-	-	-	240,632	(82,835)
Wells Fargo Bank, N.A.	Goldman Sachs Structured International Equity Fund	40,006	-	-	-	-	40,006	-
Wells Fargo Bank, N.A.	Goldman Sachs Structured International Equity Fund	-	332,225	-	-	-	213,847	(118,378)
MFS Investment Management	Wells Fargo Advantage Total Return Bond	359,164	-	-	-	-	359,164	-
MFS Investment Management	Wells Fargo Advantage Total Return Bond	-	69,868	-	-	-	70,256	388
	Total	$1,464,129	$1,553,053	$ -	$ -	$ -	$ 2,814,871	$(202,311)

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning 01/01/2009 **and ending** 12/31/2009

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here . . . . . ► ☐

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

Part II Basic Plan Information --- enter all requested information.

1a Name of plan
Miller of Denton, Ltd. 401(k) Plan

1b Three-digit plan number (PN) ► 002

1c Effective date of plan 05/01/1983

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Miller of Denton, LTD

2421 I-35W North

US Denton TX 76207

2b Employer Identification Number (EIN)
75-1669730

2c Sponsor's telephone number
(940) 566-6717

2d Business code (see instructions)
424800

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	Kathie M. Herr Signature of plan administrator	7/15/10 Date	Kathie M. Herr Enter name of individual signing as plan administrator
SIGN HERE	Kathie M. Herr Signature of employer/plan sponsor	7/15/10 Date	Kathie M. Herr 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") **Same**	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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**	265
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**	194
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	25
d Subtotal. Add lines **6a, 6b** and **6c**	**6d**	220
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	221
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	153
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)	**7**	

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

2E 2J 2K

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)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(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	**b General Schedules**
(1) [X] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan)
	(3) [ ] ____ **A** (Insurance Information)
	(4) [ ] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [ ] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Information)

MILLER OF DENTON, LTD
401(K) PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

YEAR ENDED DECEMBER 31, 2009

EIN: 75-1669730

PLAN #002

Identity of party involved (a)	Description of asset (include interest rate and maturity in case of a loan) (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain or (loss) (i)
Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Fund	$ 839,640	$ -	$ -	$ -	$ -	$ 839,640	$ -
Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Fund	-	776,906	-	-	-	776,906	-
Federated Investors Incorporated	Federated Total Return Bond	203,177	-	-	-	-	203,177	-
Federated Investors Incorporated	Federated Total Return Bond	-	50,587	-	-	-	49,101	(1,486)
Wells Fargo Bank, N.A.	Wells Fargo Advantage Small Company Value Fund	22,142	-	-	-	-	22,142	-
Wells Fargo Bank, N.A.	Wells Fargo Advantage Small Company Value Fund	-	323,467	-	-	-	240,632	(82,835)
Wells Fargo Bank, N.A.	Goldman Sachs Structured International Equity Fund	40,006	-	-	-	-	40,006	-
Wells Fargo Bank, N.A.	Goldman Sachs Structured International Equity Fund	-	332,225	-	-	-	213,847	(118,378)
MFS Investment Management	Wells Fargo Advantage Total Return Bond	359,164	-	-	-	-	359,164	-
MFS Investment Management	Wells Fargo Advantage Total Return Bond	-	69,868	-	-	-	70,256	388
	Total	$ 1,464,129	$ 1,553,053	$ -	$ -	$ -	$ 2,814,871	$ (202,311)

MILLER OF DENTON, LTD
401(K) PLAN

Schedule H, line 4i - Schedule of Assets
(Held at End of Year)

AS OF DECEMBER 31, 2009

EIN: 75-1669730

PLAN #002

(a)	Identity of issuer, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)	Current Value (e)
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Cash Investment Fund	$ 218,822	$ 218,822
	Federated Investors Incorporated	Federated Total Return Bond	696,579	715,025
	Metropolitan West Asset Management LLC	Metropolitan West FDS Total Return Bond Fund	463,887	477,010
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Total Return Bond	1,151,854	1,189,809
	AIM Investments	AIM Small Cap Growth Fund	128,410	123,450
	Evergreen Investments	Evergreen Intrinsic Value Fund	385,224	369,064
	The Goldman Sachs Group, Inc.	Goldman Sachs Small Cap Value Fund	99,947	126,428
	The Goldman Sachs Group, Inc.	Goldman Sachs Structured International Equity Fund	201,802	195,963
	Northern Cross Investments Ltd.	Harbor International Fund	90,255	145,603
	Janus International Holding LLC	Janus Overseas Fund	83,191	146,964
	JP Morgan Asset Management	JP Morgan Small Cap Equity Fund	208,628	248,049
	MainStay Investments	MainStay Large Cap Growth Fund	367,516	371,728
	MFS Investment Management	MFS Value Fund	787,973	735,056
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Capital Growth Fund	813,994	740,340
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Equity Value Fund	403,796	366,355
*	Wells Fargo Bank, N.A.	Wells Fargo Advantage Growth Fund	344,588	382,008
*	Participant Loan	Rate - 10%	-	3,500
		Total Investments	$ 6,446,466	$ 6,555,174