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:
- [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
PETERSON HOLDING CO. INCENTIVE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1977

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

955 MARINA BLVD.
SAN LEANDRO, CA 94577-3440

2b Employer Identification Number (EIN) 94-2420293

2c Sponsor's telephone number 510-357-6200

2d Business code (see instructions) 423800

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.	10/08/2010	ELIZABETH HAISLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	KEITH F. DAVIDGE
	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")
PETERSON HOLDING CO.

955 MARINA BLVD.
SAN LEANDRO, CA 94577-3440

3b Administrator's EIN
94-2420293

3c Administrator's telephone number
510-357-6200

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**	790
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**	683
b	Retired or separated participants receiving benefits	**6b**	40
c	Other retired or separated participants entitled to future benefits	**6c**	175
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	898
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	899
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	689
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	35
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 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PETERSON HOLDING CO.

D Employer Identification Number (EIN)
94-2420293

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)

D.G. QUINLAN

68-0369875

(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?
38 49 50 70	NONE	55440	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 38 50 64	NONE	49125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PETERSON HOLDING COMPANY

94-2420293

(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?
12 35 36 38 50	EMPLOYER	11887	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RBC WEALTH MANAGEMENT

41-1416330

(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?
33 55	NONE	147781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 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
PETERSON HOLDING CO. INCENTIVE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PETERSON HOLDING CO.

D Employer Identification Number (EIN)
94-2420293

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	154688	196215
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	772075	0
(2) Participant contributions	1b(2)	0	32649
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	515066	617430
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	4504720	6644170
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1029000	0
(B) Common	1c(4)(B)	51811421	68261725
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	58786970	75752189
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	58786970	75752189

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)	0	
(B) Participants	2a(1)(B)	1793477	
(C) Others (including rollovers)	2a(1)(C)	191580	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1985057
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2823	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	720263	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		723086
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	2744397	
(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)		2744397
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4993513	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5386948	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-393435

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	15978610	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		15978610
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		21037715
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3806497	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3806497
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	50125	
(2) Contract administrator fees	2i(2)	67327	
(3) Investment advisory and management fees	2i(3)	147781	
(4) Other	2i(4)	766	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		265999
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4072496
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		16965219
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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

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

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

(1) Name: ARMANINO MCKENNA LLP (2) EIN: 94-2420293

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

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

Part IV Compliance Questions

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

During the plan year:

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

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
PETERSON HOLDING CO. INCENTIVE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PETERSON HOLDING CO.

D Employer Identification Number (EIN)
94-2420293

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): 94-3071392

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):

PETERSON HOLDING COMPANY
INCENTIVE RETIREMENT PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2009 AND 2008

Armanino McKenna LLP
Certified Public Accountants & Consultants



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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
Peterson Holding Company Incentive Retirement Plan
San Leandro, California

We have audited the accompanying statements of net assets available for benefits of the Peterson Holding Company Incentive Retirement Plan (formerly Peterson Tractor Co. Incentive Retirement Plan) (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of expressing an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Armanino McKenna LLP

ARMANINO McKENNA LLP

October 4, 2010

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

ASSETS

	2009	2008
Cash	$ 196,215	$ 154,688
Investments, at fair value		
Common and preferred stock	62,157,745	47,294,041
Corporate bonds	10,437,060	8,610,720
Other equity investments	2,311,090	1,440,380
Cash management fund	617,430	515,066
Total investments	75,523,325	57,860,207
Receivables		
Dividends and interest	165,274	292,061
Employer contributions	-	772,075
Participant contributions	32,649	36,248
Total receivables	197,923	1,100,384
Total assets	75,917,463	59,115,279
Net assets available for benefits	$ 75,917,463	$ 59,115,279

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

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to		
Contributions		
Participant contributions	$ 1,757,229	$ 3,048,557
Employer contributions	-	772,075
Participant rollover contributions	191,580	468,170
Total contributions	1,948,809	4,288,802
Investment income		
Net appreciation in fair value of assets	15,585,175	-
Dividends	2,744,397	2,679,510
Interest	593,476	945,160
Other income	2,823	2,747
Total investment income	18,925,871	3,627,417
Total additions	20,874,680	7,916,219
Deductions from net assets attributed to		
Benefits paid to participants	3,806,497	4,045,704
Net depreciation in fair value of assets	-	28,786,511
Administrative fees and expenses	265,999	114,034
Total deductions	4,072,496	32,946,249
Increase (decrease) in net assets available for benefits	16,802,184	(25,030,030)
Net assets available for benefits, beginning of year	59,115,279	84,145,309
Net assets available for benefits, end of year	$ 75,917,463	$ 59,115,279

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

1. Description of the Plan

The following description of the Peterson Holding Company Incentive Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan, a defined contribution plan sponsored by Peterson Holding Company and Affiliates (the "Company" or "Employer"), qualified under Section 401 of the Internal Revenue Code ("IRC"), was established effective July 1, 1977. The Plan is designed to provide benefits to certain employees of the Company. Company contributions are made in the form of matching and discretionary contributions and are determined annually by the Board of Directors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan administration

RBC Dain Rauscher has custodial responsibility for the Plan's assets and acts as investment advisor to the Plan. The Company's Incentive Retirement Plan Administrative Committee (the "Committee") is the trustee and is responsible for making investment decisions. Under the authority of the Committee, investments may be made in, but are not limited to, common or preferred stocks, corporate and government obligations, commercial paper, and real and personal property.

Eligibility

All regular employees, as defined by the Plan, are eligible to participate in the 401(k) portion of the plan on the first day of the month coincident with or following the completion of six months of service as defined by the Plan, except for (1) certain non-resident aliens, or (2) employees who were previously not treated as employees of the Employer. The Plan continues to require that participants complete one year of service, as defined, in order to participate in employer matching and discretionary contributions, except for (1) employees covered by a collective bargaining agreement, (2) certain non-resident aliens, or (3) employees who were previously not treated as employees of the Employer.

Participant contributions

For 2009 and 2008, pre-tax participant contributions are permitted up to a maximum of $16,500 and $15,500, respectively, for employees less than 50 years of age or $22,000 and $20,500, respectively, for employees 50 years of age or older.

Participants are allowed to make rollover contributions from other qualified employer-sponsored retirement plans with the approval of the plan administrator.

1. Description of the Plan (continued)

Employer contributions

Employer matching contributions are discretionary. For the year ended December 31, 2009, the Company did not elect to make a discretionary employer matching contribution. For the year ended December 31, 2008, the Company made employer matching contributions equal to 100% of a participant's contribution up to 2.5% of their eligible compensation, as defined by the Plan. Employer matching contributions for the years ended December 31, 2009 and 2008 were $0 and $788,588, respectively. Of the $788,588 employer matching contributions in 2008, $16,513 was funded with accumulated forfeitures.

The Company may elect to make a discretionary profit sharing contribution to the Plan. Employees must complete one year of service with the Company in order to be eligible to receive the profit sharing contribution. The Company did not elect to make a discretionary profit sharing contribution in 2009. In 2008, the Plan made a discretionary profit sharing contribution totaling $36,341, which was funded with accumulated forfeitures.

Participant accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching contribution, and allocations of Company discretionary contributions and plan earnings, and is charged with withdrawals and an allocation of plan losses and administrative expenses. 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.

Investments

The Plan investments are not participant-directed; therefore, all contributions are included under one uniform investment policy. The investment objective is to diversify long-term investments so as to maximize returns with minimum risk of significant losses. The asset allocation policy includes utilizing the following combination of securities: common stocks, corporate bonds, government bonds, commercial property, and real and personal property.

Vesting

Balances arising from participants' pre-tax contributions, rollovers and earnings thereon are vested immediately. Employees vest in the Company contributions at ten percent for each of the first two years and twenty percent for each of the next four years. Participants' accounts become fully vested after six years of service, or upon death, disability or normal retirement at age 62.

1. Description of the Plan (continued)

Forfeitures

It is at the Company's discretion to allocate forfeitures to reduce future Company contributions. In 2009, the Plan was amended so that forfeited balances could be used to reduce administrative expenses. Forfeited non-vested accounts at December 31, 2009 and 2008 totaled $38,907 and $0, respectively. Forfeitures totaling $0 and $52,502 were used to reduce Company contributions to the Plan during the years ended December 31, 2009 and 2008, respectively.

Payment of benefits

On termination of service, death, disability, retirement or any date following the attainment of age 59 ½, the Plan provides that a participant receive vested benefits in the form of a lump sum payment, installment payments, or a combination thereof. If a participant's account balance is less than or equal to $1,000, the balance is distributed in a lump-sum cash payment in the first quarter following termination. If the account balance is over $1,000, the participant must consent to either a distribution paid in the form of a lump-sum payment, a direct rollover into another qualified plan, installment payments over a period not longer than life expectancy or postpone payment to a later date and remain in the Plan as described in the Plan document.

2. Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition

The Plan's investments are stated at fair value as determined with reference to quoted market prices. 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.

Benefits

Benefits are recorded when paid. There were no amounts allocated to participants for distributions not yet paid at December 31, 2009 and 2008.

2. Summary of Significant Accounting Policies (continued)

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

Risks and uncertainties

The Plan invests in various securities including common stocks, corporate bonds, government bonds, commercial property, and real and personal property. Investment securities, in general, are exposed to various risks, such as interest rates, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities in the near term could materially affect the amounts reported in the statements of net assets and changes in net assets available for benefits.

Administrative expenses

All administrative expenses are paid by the Plan.

Subsequent events

The Plan administrator has evaluated subsequent events through October 4, 2010, the date the financial statements were available to be issued.

3. Fair Value Measurements

The Plan's valuation methodologies were applied to all of its investments carried at fair value. Fair value is based upon quoted market prices, where available. If listed prices or quotes are not available, fair value is based upon models that primarily use, as inputs, market-based or independently sourced market parameters, including yield curves, interest rates, volatilities, equity or debt prices, foreign exchange rates and credit curves.

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 estimate of fair value at the reporting date.

3. Fair Value Measurements (continued)

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 - quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 - quoted prices for identical assets or liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3 - inputs are unobservable and significant to the fair value measurement. These are usually negotiated prices between two parties.

An asset's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

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

Cash and cash management funds are valued at the closing price or the amount held on deposit by the custodian bank where quoted prices are available in an active market and are classified as Level 1.

Corporate bonds are valued at the closing price reported on the major market on which the individual securities are traded. Where quoted prices are available in an active market, the investments are classified as Level 1 while inactively traded assets are classified as Level 2.

Common and preferred stocks, both U.S. and International, are valued at the closing price reported on the major market on which the individual securities are traded. Substantially all common stock is classified within Level 1 of the valuation hierarchy.

3. Fair Value Measurements (continued)

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 617,430	$ -	$ -	$ 617,430
Equities				
Domestic stock	55,504,265	-	-	55,504,265
International stock	6,653,480	-	-	6,653,480
Real estate stock	2,311,090	-	-	2,311,090
Fixed income				
Corporate bonds	6,644,170	-	-	6,644,170
Collective investment trusts	-	3,792,890	-	3,792,890
Total	$71,730,435	$3,792,890	$ -	$75,523,325

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 515,066	$ -	$ -	$ 515,066
Equities				
Domestic stock	44,473,261	-	-	44,473,261
International stock	2,820,780	-	-	2,820,780
Real estate stock	1,440,380	-	-	1,440,380
Fixed income				
Corporate bonds	4,504,720	-	-	4,504,720
Collective investment trusts	-	3,077,000	-	3,077,000
Preferred stock	1,029,000	-	-	1,029,000
Total	$54,783,207	$3,077,000	$ -	$57,860,207

4. Income Tax Status

The Plan has been qualified and is exempt from income taxes; therefore, no provision for income tax has been included in the Plan's financial statements. The Internal Revenue Service has determined and informed the Company by letter dated August 12, 2010, that the Plan is designed in accordance with applicable sections of the Code. The Company is not aware of any events which would cause the Plan to become disqualified in operation and believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

5. Investments

No individual investment exceeded 5% of net assets available for benefits at December 31, 2009 or 2008.

During the years ended December 31, 2009 and 2008, the fair value of the Plan's directed investments (including gains and losses on investments bought and sold during the year) appreciated (depreciated) in value as follows:

	2009	2008
Common and preferred stock	$15,127,979	$(20,135,462)
Corporate bonds	944,686	(8,895,865)
Other investments	(487,490)	244,816
Net appreciation (depreciation) in fair value	$15,585,175	$(28,786,511)

6. Reconciliation of Financial Statements to 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$75,917,463	$59,115,279
Receivable not recorded in Form 5500	-	(36,248)
Interest and dividends accrual not recorded in Form 5500	(165,274)	(292,061)
Net assets available for benefits per Form 5500	$75,752,189	$58,786,970

The following is a reconciliation of investment income per the financial statements for the years ended December 31, 2009 and 2008 to Form 5500:

	2009	2008
Increase (decrease) in net assets per financial statements	$16,802,184	$(25,030,030)
Interest and dividends accrual reversal from prior year	292,061	234,837
Receivable not recorded in Form 5500	-	(36,248)
Receivable accrual reversal from prior year	36,248	-
Interest and dividends accrual not recorded in Form 5500 in current year	(165,274)	(292,061)
Increase (decrease) in net assets per the Form 5500	$16,965,219	$(25,123,502)

7. Related Party Transactions

The Plan reimburses the Company monthly for certain plan administrative expenses paid by the Company and, therefore, these transactions qualify as exempt party-in-interest transactions. Such administrative expenses were $11,887 and $9,759 in 2009 and 2008, respectively.

8. Plan Termination

While the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination or complete discontinuance of Company contributions, the individual accounts of all participants, after payment of any applicable expenses, would become fully vested and nonforfeitable.

SUPPLEMENTAL SCHEDULE

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Schedule H, Part IV, Item 4i - Schedule of Assets (Held at Year End)
EIN: 94-2420293; Plan 001
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Tamarack Prime Money Fund	Registered Investment Company	$ 617,430	$ 617,430
	Bonds and Fixed Income			
	A T & T Corp.	Corporate Bond, Matures 2029, 6.500%	262,757	299,441
	Blackrock Core Bond Trust	Closed End Funds	862,303	725,290
	Blackrock Income Trust Inc.	Closed End Funds	969,100	858,600
	Blackrock Income Oppty Trust	Closed End Funds	892,080	732,330
	Blackrock Credit Allocation Income Trust III	Closed End Funds	1,173,117	677,820
	Citizens Communications Co	Corporate Bond, Matures 2031, 9.00%	250,006	246,875
	Citizens Utilities Company	Corporate Bond, Matures 2025, 7.00%	84,003	82,750
	Duff & Phelps Utility & Corp Bond Trust	Closed End Funds	930,694	798,850
	Entergy Gulf States	Corporate Bond, Matures 2015, 5.250%	87,734	90,886
	Ford Motor Company	Corporate Bond, Matures 2028, 6.625%	571,030	579,375
	Ford Motor Company	Corporate Bond, Matures 2025, 7.125%	378,852	452,160
	Ford Motor Company	Corporate Bond, Matures 2028, 6.625%	367,674	388,750
	Ford Motor Company	Corporate Bond, Matures 2029, 6.375%	566,684	579,375
	Ford Motor Company	Corporate Bond, Matures 2031, 7.450%	407,362	441,875
	Ford Motor Company	Corporate Bond, Matures 2032, 8.900%	437,738	445,000
	Ford Motor Company Debenture	Corporate Bond, Matures 2046, 7.400%	488,911	385,000
	Ford Motor Company Debenture	Corporate Bond, Matures 2026, 7.500%	543,574	594,375
	Gulf Mobile & Ohio	Corporate Bond, Matures 2056, 5.000%	198,535	177,205
	Madison Gas & Electric	Corporate Bond, Matures 2028, 7.700%	5,850	6,174
	Missouri Pacific RR	Corporate Bond, Matures 2020, 4.750%	50,782	82,703
	Puget Sound Energy Inc.	Corporate Bond, Matures 2029, 7.000%	197,255	221,976
	Puget Sound Energy Inc.	Corporate Bond, Matures 2018, 6.740%	187,751	220,250
	U S West Communications Inc.	Corporate Bond, Matures 2033, 6.875%	280,826	265,500
	U S West Communications Inc.	Corporate Bond, Matures 2023, 7.500%	294,507	285,000
	U S West Communications Inc.	Corporate Bond, Matures 2026, 7.200%	295,506	273,000
	U S West Communications Inc.	Corporate Bond, Matures 2025, 7.250%	296,511	279,000
	U S West Communications Inc.	Corporate Bond, Matures 2043, 7.125%	292,506	247,500
		Total Bonds and Fixed Income	11,373,648	10,437,060
	US Securities			
	Abbott Laboratories	Common Stock	449,215	701,870
	Allstate Corp.	Common Stock	474,553	690,920
	Ameren Corp.	Common Stock	781,758	642,850
	American Electric Power	Common Stock	514,510	661,010
	Amgen, Inc.	Common Stock	652,258	565,700
	Anadarko Pete Corp.	Common Stock	261,886	1,061,140
	AT&T Inc	Common Stock	659,863	868,930
	Baxter International	Common Stock	471,639	909,540
	Boeing Co.	Common Stock	468,430	611,669
	Bristol Myers Squibb	Common Stock	620,920	732,250
	Caterpillar Inc.	Common Stock	717,390	586,997
	Centerpoint Energy Inc.	Common Stock	856,291	740,010
	Chesapeake Energy Corp	Common Stock	704,968	613,356
	Chevron Corp.	Common Stock	365,649	923,880
	Cisco Systems	Common Stock	735,213	790,020
	Coca Cola Co.	Common Stock	609,100	769,500
	Colgate Palmolive Co.	Common Stock	610,130	821,500
	ConcocoPhillips	Common Stock	371,890	663,910
		Forward	$ 10,325,663	$ 13,355,052

PETERSON HOLDING COMPANY INCENTIVE RETIREMENT PLAN
Schedule H, Part IV, Item 4i - Schedule of Assets (Held at Year End)
EIN: 94-2420293; Plan 001
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Forward	$ 10,325,663	$ 13,355,052
	US Securities (continued)			
	Consolidated Edison	Common Stock	634,501	681,450
	Costco Whsl Corp.	Common Stock	344,213	680,455
	DNP Select Income Fund	Common Stock	852,394	680,200
	Dow Chemicals	Common Stock	772,231	994,680
	DTE Energy Co.	Common Stock	499,725	741,030
	Duke Energy Corp.	Common Stock	607,125	653,980
	Dupont De Nemour & Co.	Common Stock	582,179	740,740
	Eli Lilly & Co.	Common Stock	620,046	660,635
	Emerson Electric Co	Common Stock	835,081	745,500
	Empire District Electric	Common Stock	705,867	618,090
	Exxon Mobil Corp.	Common Stock	62,631	750,090
	Freeport McMoran Copper & Gold Inc	Common Stock	630,632	722,610
	Frontier McMoran Copper & Gold Inc	Common Stock	695,046	648,230
	General Electric Co.	Common Stock	669,703	756,500
	General Mills	Common Stock	526,230	814,315
	Great Plains Energy	Common Stock	771,808	698,040
	Hawaiian Electric	Common Stock	639,642	689,700
	Hewlett Packard	Common Stock	466,568	1,030,200
	Honeywell Intl Inc	Common Stock	872,431	705,600
	IdaCorp Inc.	Common Stock	567,219	670,950
	Intel Corp.	Common Stock	569,493	652,800
	Johnson & Johnson	Common Stock	164,024	644,100
	Landauer Inc.	Common Stock	312,194	798,200
	Marathon Oil Corp.	Common Stock	289,822	577,570
	Merck & Co Inc	Common Stock	523,475	948,250
	Microsoft Corp.	Common Stock	531,121	762,000
	OGE Energy Corp.	Common Stock	411,548	848,470
	Oracle Systems Corp.	Common Stock	533,498	1,103,850
	Pepco Holding Inc.	Common Stock	794,189	690,850
	Pfizer Inc.	Common Stock	1,150,549	941,787
	Procter & Gamble Co.	Common Stock	592,126	636,615
	Schlumberger LTD	Common Stock	229,628	715,990
	Southern Co.	Common Stock	681,508	633,080
	Spectra Energy Corp.	Common Stock	732,539	676,830
	Stryker Corp	Common Stock	342,412	679,995
	Symantec Corp.	Common Stock	622,753	697,710
	Teco Energy	Common Stock	594,734	762,340
	Texas Instruments	Common Stock	930,576	677,560
	United Parcel Services	Common Stock	698,681	602,385
	United Technologies	Common Stock	636,499	694,100
	Verizon Communications	Common Stock	569,949	662,600
	Wal-Mart Stores	Common Stock	623,301	721,575
	Walt Disney Co.	Common Stock	516,025	677,250
	Westar Energy Inc.	Common Stock	489,087	651,600
	Xcel Energy	Common Stock	426,673	742,700
	XTO Energy Inc.	Common Stock	527,594	535,095
	Amerigas Partners LP	Common Stock	603,647	825,930
	Enbridge Energy Partners LP	Common Stock	690,735	751,660
	Energy Transfer Partners LP	Common Stock	786,786	629,580
	Enterprise Prods Partners LP	Common Stock	510,327	710,651
	Kinder Morgan Energy Partners	Common Stock	691,439	853,720
	Linn Energy LLC	Common Stock	867,351	947,920
	Magellan Midstream Partners	Common Stock	580,999	758,275
		Forward	$ 41,906,217	$ 52,251,085

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		Forward	$ 41,906,217	$ 52,251,085
	US Securities (continued)			
	Martin Midstream LP	Common Stock	799,753	818,480
	Plains All American Pipeline LTD Partnership	Common Stock	524,830	739,900
	Williams Partners LP	Common Stock	763,019	950,770
	3M Co.	Common Stock	441,965	744,030
			2,529,566	3,253,180
		Total	44,435,783	55,504,265
	International Securities			
	Astrazenca Plc.	Common Stock	626,960	797,980
	BP PLC	Common Stock	274,012	637,670
	Canadian Natural Resources Ltd	Common Stock	639,237	640,355
	Cenovus Energy Inc	Common Stock	377,247	340,200
	Encana Corp	Common Stock	392,681	404,875
	Glaxo Smithkline ADR	Common Stock	369,912	633,750
	Royal Dutch Shell Plc.	Common Stock	258,695	619,133
	Statoilhydro ADR	Common Stock	781,791	722,390
	Suncor Energy Inc	Common Stock	658,672	596,739
	Transocean Ltd	Common Stock	415,577	590,778
	Vodafone Group Plc	Common Stock	410,676	669,610
		Total	5,205,460	6,653,480
		Total Common Stock	49,641,243	62,157,745
	Real Estate Stock			
	Agree Realty Corp.	Real Estate Stock	658,994	721,990
	Kimco Realty Corp.	Real Estate Stock	1,227,676	811,800
	Realty Income Corp.	Real Estate Stock	371,692	777,300
			2,258,362	2,311,090
		Grand Total	$ 63,890,684	$ 75,523,325

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	Tamarack Prime Money Fund	Registered Investment Company	$ 617,430	$ 617,430
	Bonds and Fixed Income			
	A T & T Corp.	Corporate Bond, Matures 2029, 6.500%	262,757	299,441
	Blackrock Core Bond Trust	Closed End Funds	862,303	725,290
	Blackrock Income Trust Inc.	Closed End Funds	969,100	858,600
	Blackrock Income Oppty Trust	Closed End Funds	892,080	732,330
	Blackrock Credit Allocation Income Trust III	Closed End Funds	1,173,117	677,820
	Citizens Communications Co	Corporate Bond, Matures 2031, 9.00%	250,006	246,875
	Citizens Utilities Company	Corporate Bond, Matures 2025, 7.00%	84,003	82,750
	Duff & Phelps Utility & Corp Bond Trust	Closed End Funds	930,694	798,850
	Entergy Gulf States	Corporate Bond, Matures 2015, 5.250%	87,734	90,886
	Ford Motor Company	Corporate Bond, Matures 2028, 6.625%	571,030	579,375
	Ford Motor Company	Corporate Bond, Matures 2025, 7.125%	378,852	452,160
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	Puget Sound Energy Inc.	Corporate Bond, Matures 2029, 7.000%	197,255	221,976
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	IdaCorp Inc.	Common Stock	567,219	670,950
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	Statoilhydro ADR	Common Stock	781,791	722,390
	Suncor Energy Inc	Common Stock	658,672	596,739
	Transocean Ltd	Common Stock	415,577	590,778
	Vodafone Group Plc	Common Stock	410,676	669,610
		Total	5,205,460	6,653,480
		Total Common Stock	49,641,243	62,157,745
	Real Estate Stock			
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	Kimco Realty Corp.	Real Estate Stock	1,227,676	811,800
	Realty Income Corp.	Real Estate Stock	371,692	777,300
			2,258,362	2,311,090
		Grand Total	$ 63,890,684	$ 75,523,325