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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/11/1984

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

11757 KATY FREEWAY SUITE 1500
HOUSTON, TX 77079

2b Employer Identification Number (EIN)
76-0350038

2c Sponsor's telephone number
281-596-6423

2d Business code (see instructions)
441110

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.	10/11/2010	SUSAN HENSLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

11757 KATY FREEWAY SUITE 1500
HOUSTON, TX 77079

3b Administrator's EIN
76-0350038

3c Administrator's telephone number
281-596-6423

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**	899
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**	851
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	56
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	909
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	909
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	287
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	164
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:
3D 2E 2J 3H 2K 2F 2G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4B

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
MAC HAIK MANAGEMENT LTD

D Employer Identification Number (EIN)
76-0350038

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	455502-01	287	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3323	0

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

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

MORGAN KEEGAN & COMPANY INC.
50 N FRONT ST
18TH FLOOR
MEMPHIS, TN 38103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3323			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2115265
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2888923
c	Additions: (1) Contributions deposited during the year	7c(1)	241705		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	67653		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	58410		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	367768
d	Total of balance and additions (add **b** and **c(6)**)			7d	3256691
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1132792		
	(2) Administration charge made by carrier	7e(2)	674		
	(3) Transferred to separate account	7e(3)	7960		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	1141426
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	2115265

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
MAC HAIK MANAGEMENT LTD

D Employer Identification Number (EIN)
76-0350038

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN LIFE & ANNUITY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
22-0832760	62057	VARIOUS	5	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	9723
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ LIFE INSURANCE

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	1107		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	9723		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	10830
d	Total of balance and additions (add **b** and **c(6)**)			7d	10830
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1107		
	▶ INSURANCE PREMIUM PAYMENTS				
	(5) Total deductions			7e(5)	1107
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	9723

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a [ ] Health (other than dental or vision) **b** [ ] Dental **c** [ ] Vision **d** [X] Life insurance

e [ ] Temporary disability (accident and sickness) **f** [ ] Long-term disability **g** [ ] Supplemental unemployment **h** [ ] Prescription drug

i [ ] Stop loss (large deductible) **j** [ ] HMO contract **k** [ ] PPO contract **l** [ ] Indemnity contract

m [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1107
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAC HAIK MANAGEMENT LTD

D Employer Identification Number (EIN)
76-0350038

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

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

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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	1623	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE AND ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	2834	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN KEEGAN & COMPANY

50 N FRONT ST
18TH FLOOR
MEMPHIS, TN 38103

(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?
55	BROKER/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	10035	Yes [ ] No [X]

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

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

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

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

(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
MORGAN KEEGAN & COMPANY INC	55	10035

(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.
GREAT-WEST LIFE & ANNUITY COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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
MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAC HAIK MANAGEMENT LTD

D Employer Identification Number (EIN)
76-0350038

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(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)	420539	425235
(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)	4541834	6388337
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2888923	2124988
(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	7851296	8938560
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
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	7851296	8938560

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)	869179	
(C) Others (including rollovers)	2a(1)(C)	25093	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		894272
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	27415	
(F) Other	2b(1)(F)	67653	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		95068
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(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)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		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)		1720257
c	Other income	2c		9723
d	Total income. Add all **income** amounts in column (b) and enter total	2d		2719320
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1601289	
	(2) To insurance carriers for the provision of benefits	2e(2)	1107	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1602396
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		24704
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	4457	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	499	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4956
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1632056
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1087264
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) [ ] 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: SVADLENAK, SEE AND COMPANY P.C. **(2)** EIN: 76-0033286

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		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAC HAIK MANAGEMENT LTD

D Employer Identification Number (EIN)
76-0350038

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): 20-3691708

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):

SVADLENAK, SEE & COMPANY, P.C.

Certified Public Accountants

1600 TOWNHURST DRIVE
HOUSTON, TEXAS 77043-3227

(713) 464-6390
(713) 464-9177 – FAX
www.svadlenak-see.com

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Ernest R Svadlenak
Melvin R See
Mark E Owens
Michael J Burcham

August 10, 2010

Susan Hensley
Mac Haik Employees' Retirement Plan and Trust
c/o Mac Haik Management, Ltd.
11757 Katy Freeway, Suite 1500
Houston, Texas 77079

Dear Susan:

Enclosed please find four copies of the Mac Haik Employees' Retirement Plan and Trust report. The bound copies are for your internal use and the unbound copies must be attached to the Form 5500 before it is mailed to the IRS.

We appreciate your assistance in gathering all the data.

Again, thanks for your assistance, friendship and business relationship.

Best regards,

Mike Burcham
SVADLENAK, SEE & COMPANY, P.C.

MJB:sp
Enclosures

MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

WITH

INDEPENDENT AUDITOR'S REPORT

SVADLENAK, SEE & COMPANY, P.C.
Certified Public Accountants

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Assets Held for Investment Purposes at End of Year – Schedule H, Part IV, Line 4i

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Mac Haik Employees Retirement Plan and Trust
Houston, Texas

We were engaged to audit the financial statements and supplemental schedule of Mac Haik Employee Employees Retirement Plan and Trust as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying 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 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 in Note 9, which was certified by Great-West Life & Annuity Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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 the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Svadlenak, See & Company P.C.

SVADLENAK, SEE & COMPANY, P.C.

July 30, 2010

MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

DECEMBER 31, 2009 AND 2008

ASSETS

	2009	2008
Assets held for investment at fair market value	$8,513,325	$7,430,757
Participant loans	425,235	420,539
Total assets at fair market value	8,938,560	7,851,296

LIABILITIES

Payables	-	-
Total liabilities	-	-
	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$8,938,560	$7,851,296

SEE ACCOMPANYING NOTES AND AUDITOR'S REPORT.

MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Interest income – participant loans		$ 27,415
Interest income – guaranteed accounts		67,653
Contributions:		
Participants	$869,179	
Rollovers	25,093	894,272
Net realized and unrealized gain on fair value of investments		1,720,257
Other income		9,723
TOTAL ADDITIONS		2,719,320
DEDUCTIONS		
Benefits paid to participants		1,627,100
Administrative expenses		4,956
TOTAL DEDUCTIONS		1,632,056
Net increase (decrease) in fund assets		1,087,264
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of the year		7,851,296
End of the year		$8,938,560

SEE ACCOMPANYING NOTES AND AUDITOR'S REPORT.

MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

1. Plan description, eligibility and funding policies:

General

The following description of the Mac Haik Employees' Retirement Plan and Trust ("Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan is a self-directed, defined contribution plan, covering all full-time employees of the Companies who meet the eligibility requirements detailed below. It is subject to the provisions of the Employee Retirement Income Act of 1974 (ERISA).

Eligibility

Any eligible employee who has completed six months of service and has reached his/her twentieth birthday shall be eligible to participate hereunder as of the date he has satisfied such requirements..

For purposes of this Section, an eligible employee will be deemed to have completed six months of service if he is in the employment of the employer at any time six months after his/her employment commencement date. Employment commencement date shall be the first day that he is entitled to be credited with an hour of service for the performance of duty.

An eligible employee shall become a participant effective as of the first day of the next month following the date on which such employee met the eligibility requirements. Participants may commence salary deferrals on the effective date of participation and on the first day of each Plan Year quarter.

Contributions

Participant contributions consist of pretax elective deferrals and rollover contributions. Participants may contribute pre-tax elective deferrals up to the dollar limitation contained in section 402(g) of the Internal Revenue Code in effect at the beginning of the year. Employer contributions include discretionary matching contributions and discretionary contributions. Contributions are subject to certain limitations.

Employer discretionary matching contributions made to the Plan are allocated as of the last day of the Plan year to the account of each participant who elects to have deferred cash contributions made under the Plan, and who is employed with the employer on the last day of the Plan year. Employer discretionary contributions are allocated to participants employed on the last day of the Plan year in the same ratio as each participant's eligible compensation bears to the total eligible compensation of all participants.

1. Plan description, eligibility and funding policies: (cont'd.)

Participant accounts and vesting

Each participant's account is credited with the participant's contributions, the employer's contributions, an allocation of the Plan's earnings and charged with an allocation of investment management fees. The Plan's earnings and investment management fees are allocated according to participants' relative account balances in the investment options. Certain participant and loan fees, if applicable, are also charged to participant accounts.

Participants are immediately vested in their contributions plus actual earnings thereon. The portion of the participant's account attributable to any employer matching contributions and employer discretionary contributions is fully vested after completion of six years of service. Participants' accounts become fully vested upon attainment of the normal retirement age of 65, early retirement as defined in the Plan Agreement or in the event of death or total disability.

Net assets available for benefits include the accounts of active participants, as well as certain separated, vested and retired participants who have elected to receive their benefits in installment payments or elected to defer receipt of their benefits to a later date (Installments/Deferred). These participants share in the earnings of the investments.

Forfeitures

Forfeitures are reallocated to participants in the same manner as employer discretionary contributions. At December 31, 2009 and 2008, forfeited non-vested accounts totaled $2,513 and $2,412, respectively.

Distributions to Participants

Benefits are recorded when paid. Amounts credited to an individual participant's account are distributed at termination of employment as a lump sum or in installments. Distributions may be deferred until the participant reaches the age of 70 1/2 if the value of the distribution is not less than $5,000. However, the Plan agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 70 1/2.

In certain hardship situations, as described in the Plan Agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to pre-tax elective and may not include any earnings thereon.

2. Summary of significant accounting policies:

Accounting basis

The financial statements of the Plan have been prepared on a modified cash method basis of accounting. The Plan's assets are valued at fair market value as provided and certified by Great-West Life & Annuity Insurance Company. The market value is based upon quoted market closing prices per various authoritative sources. The modified cash basis of accounting differs from generally accepted accounting principles in that contributions are not recorded until received.

Use of estimates

The process of preparing financial statements requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

Employees

The employees of eight commonly owned companies, Mac Haik Management Ltd., Mac Haik Ford Ltd., Mac Haik Chevrolet Ltd., Houston Mac Haik Dodge Chrysler Jeep, Ltd., Austin Mac Haik Ford Lincoln Mercury, Ltd., Georgetown Mac Haik Dodge Chrysler Jeep, Ltd., Victoria Mac Haik Ford, Ltd., Temple Mac Haik Dodge, Ltd. and Southway Mac Haik Ford, Ltd. are covered by the Plan.

Investment valuation and income recognition

The Plan's investments are stated at fair market value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Participant notes receivable are valued at cost which approximates fair value.

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.

Payment of benefits

Benefits are recorded when paid.

Consideration of credit Risk

The Plan provides for investments in various investment securities. In general, investment securities are exposed to various risks, such as interest rate, credit, and overall volatility risks. Due to the level of risks associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

2. Summary of significant accounting policies: (cont'd.)

Cash equivalents

The administrator considers investments with a maturity of three months or less to be cash equivalents.

3. Plan termination:

Although it has not expressed any interest to do so, should the plan sponsor discontinue its operations, the Plan would also be terminated and each participant would receive their individual plan account balance.

4. Related party transactions:

Related party transactions are limited to the Company collection of the deferred compensation from employees and the transfer of such monies to the Plan administrator. Employee loans could be construed to be related parties, also certain administration expenses are paid by the plan sponsor.

5. Participant loans:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at prevailing rates as determined quarterly by the Plan administrator. A participant can have only one loan outstanding from the Plan at any time.

6. Income tax status:

The U.S. Treasury Department has informed the Company that the Plan is qualified under the appropriate Section of the Internal Revenue Code and that income earned by the fund is tax-exempt. The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

7. Commitments and contingencies:

The administrative committee has represented to us that there are no legal or unasserted claims against the Plan, no unfulfilled commitments, the Plan has been properly administered and all documents have been properly updated to reflect all current requirements and regulations to keep the Plan qualified.

8. Investment and administrative expenses:

Investment and management fees are charged to participants based on their investment elections, which vary between the various investment options and funds selected. Certain administrative fees including a base rate per plan, a charge per participant, service fees, and audit fees are paid by the Company.

9. Information not covered by auditor's report:

Pursuant to the terms of the Plan, Mac Haik Employees' Retirement Plan and Trust has entered into a trust agreement with Great-West Life & Annuity Insurance Company for the years ended December 31, 2009 and 2008, whereby the trustee holds the Plan's investment assets and executes transactions therein, including the receipt of income earned, participant's contributions and payment of withdrawals.

For financial reporting and disclosure purposes under the Employee Retirement Income Security Act of 1974, the administrative committee has elected the method for compliance permitted by 2520.103-8 of the Department of Labor Rules and Regulations which permits the Plan's administrative committee to rely on financial statement information certified by the plan trustee and provides that the independent public accountant need not perform auditing procedures with respect to information certified to by the trustee of the Plan, Great-West Life & Annuity Insurance Company. The total value of the assets held by the plan trustee was $8,513,325 or 95% and $7,430,757 or 95% of the total value of the Plan as of December 31, 2009 and 2008 respectively. All changes in the value of the Plan assets, realized gains, contributions received and payments to participants were also certified as being correctly recorded and reported by the Plan trustee/administrator.

10. Investments:

The following presents investments at market value at December 31, 2009 and 2008 that represent 5% or more of the Plan assets.

	2009	2008
Key Guaranteed Portfolio Fund	$2,122,475	$2,886,630
Alger Capital Appreciation Inst'l	1,816,972	1,288,234
Alger Mid-Cap Growth Fund	455,125	*
Thornburg International Value Fund R3	752,391	588,074
Participant loans	*	420,539

*Represents less than 5% of Plan's net assets

SUPPLEMENTAL INFORMATION

Mac Haik Employees' Retirement Plan and Trust
EIN # 76-0350038
Plan 002
December 31, 2009
Schedule of Assets Held for Investment Purposes at End of Year
Schedule H, Part IV, Line 4i

	(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
		Held In General Unallocated Accounts		
	Key Guaranteed Portfolio	Group annuity contract	N/A	$2,122,475
	Forfeitures		N/A	2,513
		Mutual Funds		
	Alger Capital Appreciation Inst'l		N/A	1,816,972
	Alger Mid Cap Growth Fund		N/A	455,125
	Alger Small Cap Growth Fund		N/A	45,998
	American Funds-American Balanced Fund R3		N/A	94,005
	American Funds Capital World G/I R 3		N/A	154,260
	Blackrock Global Resources Income Fund		N/A	103,532
	Blackrock Health Science Port Fund		N/A	395,465
	Calvert Income Fund		N/A	263,991
	Columbia Small Cap Value 1 Fund		N/A	35,032
	Davis New York Venture Fund		N/A	374,337
	Diamond Hill Large Cap A		N/A	78,451
	Fidelity Advisor Freedom 2010		N/A	11,563
	Fidelity Advisor Freedom 2015		N/A	5,338
	Fidelity Advisor Freedom 2020		N/A	64,631
	Fidelity Advisor Freedom 2025		N/A	9,921
	Fidelity Advisor Freedom 2030		N/A	65,580
	Fidelity Advisor Freedom 2035		N/A	103,160
	Fidelity Advisor Freedom 2040		N/A	126,895
	Fidelity Advisor Freedom Income Fund		N/A	39,799
	Fidelity Advisor Leveraged Co Stk T		N/A	158,084
	Ivy Science & Technology		N/A	160,510
	Maxim Aggressive Profile II		N/A	140,032
	Maxim Conservative Profile II		N/A	45,244
	Maxim Moderate Profile II		N/A	64,686
	Maxim Moderately Aggressive Profile II		N/A	1,489
	Maxim Moderately Conservative Profile II		N/A	15,641
	Maxim US Government Securities Fund		N/A	149,806
	Maxim S & P 500		N/A	413,248
	Oppenheimer Main Street Small Cap A		N/A	24,642
	Riversource Mid Cap Value R3		N/A	218,509
	Thornburg International Value Fund R3		N/A	752,391
*	Participant loans	5 % to 9.25%	N/A	425,235
	Total assets			$8,938,560

NOTE: Historical cost is not required to be presented for participant-directed investments.
* Represents party-in-interest

ASSETS HELD FOR INVESTMENT PURPOSES

GA

Mac Haik Employees' Retirement Plan And Trust
01-JAN-09 to 31-DEC-09

CGA
10-FEB-10 23:17:23

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1FTAFX			34,481.07	39,798.98
1FCFTX			12,437.17	11,562.85
1FFVTX			4,710.75	5,337.85
1FDTFX			67,673.57	64,630.75
1FTTWX			8,303.67	9,920.79
1FTFEX			53,627.75	65,579.92
1FTTHX			104,532.52	103,159.95
1FTFFX			121,906.92	126,894.74
1PBAXCP			38,696.38	45,243.84
1PBAXMC			13,056.28	15,640.76
1PBAXMP			52,550.78	64,686.16
1PBAXMA			1,406.63	1,488.80
1PBAXAP			105,160.00	140,032.14
197AFCW			121,162.34	154,259.70
1TGVRX			527,077.99	752,244.89
1SSGRX			115,950.92	103,531.83
1SHSAX			346,047.16	395,465.32
1WSTYX			108,554.93	160,510.18
1ALSRX			32,061.20	45,997.90
1CSMIX			28,431.47	35,031.81
1OPMSX			22,988.40	24,641.94
1ALMRX			570,586.61	455,125.32
1FLSTX			97,644.03	158,083.98
1RMCRX			158,175.32	218,509.20
1ALARX			1,119,386.07	1,816,972.36
1NYVTX			297,026.21	374,337.34
1DHLAX			56,318.86	78,451.13
194MX5			421,389.40	413,247.73
199AFBL			100,551.51	94,004.64
1CFICX			280,024.97	263,990.72
1BIMXUS			145,437.23	149,806.03
1PORT		2.900	2,041,792.46	2,112,898.58
			7,209,150.57	**8,501,088.13**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	419,479.12	425,235.03
FORFEITURES			2,423.51	2,513.33

ASSETS HELD FOR INVESTMENT PURPOSES

Mac Haik Employees' Retirement Plan And Trust

01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1FTAFX	Fidelity Advisor Freedom Income Fund T	1FCFTX	Fidelity Advisor Freedom 2010 Fund T
1FFVTX	Fidelity Advisor Freedom 2015 Fund T	1FDTFX	Fidelity Advisor Freedom 2020 Fund T
1FTTWX	Fidelity Advisor Freedom 2025 Fund T	1FTFEX	Fidelity Advisor Freedom 2030 Fund T
1FTTHX	Fidelity Advisor Freedom 2035 Fund T	1FTFFX	Fidelity Advisor Freedom 2040 Fund T
1PBAXCP	Maxim Conservative Profile II	1PBAXMC	Maxim Moderately Conservative Profile II
1PBAXMP	Maxim Moderate Profile II	1PBAXMA	Maxim Moderately Aggressive Profile II
1PBAXAP	Maxim Aggressive Profile II	197AFCW	American Funds Capital World G/I R3
1TGVRX	Thornburg International Value Fund R3	1SSGRX	BlackRock Energy & Resources Port A
1SHSAX	BlackRock Health Sciences Fund Inv A	1WSTYX	Ivy Science & Technology Y
1ALSRX	Alger SmallCap Growth Institutional I	1CSMIX	Columbia Small Cap Value I Fund A
1OPMSX	Oppenheimer Main Street Small Cap A	1ALMRX	Alger Mid Cap Growth Fund Inst'l
1FLSTX	Fidelity Advisor Leveraged Co Stk - T	1RMCRX	RiverSource Mid Cap Value R3
1ALARX	Alger Capital Appreciation Inst'l I	1NYVTX	Davis NY Venture A
1DHLAX	Diamond Hill Large Cap A	194MX5	Maxim S & P 500
199AFBL	American Funds American Blnced Fund - R3	1CFICX	Calvert Income Fund - A
1BIMXUS	Maxim US Government Securities Fund	1PORT	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SVADLENAK, SEE & COMPANY, P.C.

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Best regards,

Mike Burcham
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Svadlenak, See & Company P.C.

SVADLENAK, SEE & COMPANY, P.C.

July 30, 2010

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(MODIFIED CASH BASIS)

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NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
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End of the year		$8,938,560

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DECEMBER 31, 2009 AND 2008

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Employer discretionary matching contributions made to the Plan are allocated as of the last day of the Plan year to the account of each participant who elects to have deferred cash contributions made under the Plan, and who is employed with the employer on the last day of the Plan year. Employer discretionary contributions are allocated to participants employed on the last day of the Plan year in the same ratio as each participant's eligible compensation bears to the total eligible compensation of all participants.

1. Plan description, eligibility and funding policies: (cont'd.)

Participant accounts and vesting

Each participant's account is credited with the participant's contributions, the employer's contributions, an allocation of the Plan's earnings and charged with an allocation of investment management fees. The Plan's earnings and investment management fees are allocated according to participants' relative account balances in the investment options. Certain participant and loan fees, if applicable, are also charged to participant accounts.

Participants are immediately vested in their contributions plus actual earnings thereon. The portion of the participant's account attributable to any employer matching contributions and employer discretionary contributions is fully vested after completion of six years of service. Participants' accounts become fully vested upon attainment of the normal retirement age of 65, early retirement as defined in the Plan Agreement or in the event of death or total disability.

Net assets available for benefits include the accounts of active participants, as well as certain separated, vested and retired participants who have elected to receive their benefits in installment payments or elected to defer receipt of their benefits to a later date (Installments/Deferred). These participants share in the earnings of the investments.

Forfeitures

Forfeitures are reallocated to participants in the same manner as employer discretionary contributions. At December 31, 2009 and 2008, forfeited non-vested accounts totaled $2,513 and $2,412, respectively.

Distributions to Participants

Benefits are recorded when paid. Amounts credited to an individual participant's account are distributed at termination of employment as a lump sum or in installments. Distributions may be deferred until the participant reaches the age of 70 1/2 if the value of the distribution is not less than $5,000. However, the Plan agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 70 1/2.

In certain hardship situations, as described in the Plan Agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to pre-tax elective and may not include any earnings thereon.

2. Summary of significant accounting policies:

Accounting basis

The financial statements of the Plan have been prepared on a modified cash method basis of accounting. The Plan's assets are valued at fair market value as provided and certified by Great-West Life & Annuity Insurance Company. The market value is based upon quoted market closing prices per various authoritative sources. The modified cash basis of accounting differs from generally accepted accounting principles in that contributions are not recorded until received.

Use of estimates

The process of preparing financial statements requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

Employees

The employees of eight commonly owned companies, Mac Haik Management Ltd., Mac Haik Ford Ltd., Mac Haik Chevrolet Ltd., Houston Mac Haik Dodge Chrysler Jeep, Ltd., Austin Mac Haik Ford Lincoln Mercury, Ltd., Georgetown Mac Haik Dodge Chrysler Jeep, Ltd., Victoria Mac Haik Ford, Ltd., Temple Mac Haik Dodge, Ltd. and Southway Mac Haik Ford, Ltd. are covered by the Plan.

Investment valuation and income recognition

The Plan's investments are stated at fair market value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Participant notes receivable are valued at cost which approximates fair value.

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.

Payment of benefits

Benefits are recorded when paid.

Consideration of credit Risk

The Plan provides for investments in various investment securities. In general, investment securities are exposed to various risks, such as interest rate, credit, and overall volatility risks. Due to the level of risks associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

2. Summary of significant accounting policies: (cont'd.)

Cash equivalents

The administrator considers investments with a maturity of three months or less to be cash equivalents.

3. Plan termination:

Although it has not expressed any interest to do so, should the plan sponsor discontinue its operations, the Plan would also be terminated and each participant would receive their individual plan account balance.

4. Related party transactions:

Related party transactions are limited to the Company collection of the deferred compensation from employees and the transfer of such monies to the Plan administrator. Employee loans could be construed to be related parties, also certain administration expenses are paid by the plan sponsor.

5. Participant loans:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at prevailing rates as determined quarterly by the Plan administrator. A participant can have only one loan outstanding from the Plan at any time.

6. Income tax status:

The U.S. Treasury Department has informed the Company that the Plan is qualified under the appropriate Section of the Internal Revenue Code and that income earned by the fund is tax-exempt. The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

7. Commitments and contingencies:

The administrative committee has represented to us that there are no legal or unasserted claims against the Plan, no unfulfilled commitments, the Plan has been properly administered and all documents have been properly updated to reflect all current requirements and regulations to keep the Plan qualified.

8. Investment and administrative expenses:

Investment and management fees are charged to participants based on their investment elections, which vary between the various investment options and funds selected. Certain administrative fees including a base rate per plan, a charge per participant, service fees, and audit fees are paid by the Company.

9. Information not covered by auditor's report:

Pursuant to the terms of the Plan, Mac Haik Employees' Retirement Plan and Trust has entered into a trust agreement with Great-West Life & Annuity Insurance Company for the years ended December 31, 2009 and 2008, whereby the trustee holds the Plan's investment assets and executes transactions therein, including the receipt of income earned, participant's contributions and payment of withdrawals.

For financial reporting and disclosure purposes under the Employee Retirement Income Security Act of 1974, the administrative committee has elected the method for compliance permitted by 2520.103-8 of the Department of Labor Rules and Regulations which permits the Plan's administrative committee to rely on financial statement information certified by the plan trustee and provides that the independent public accountant need not perform auditing procedures with respect to information certified to by the trustee of the Plan, Great-West Life & Annuity Insurance Company. The total value of the assets held by the plan trustee was $8,513,325 or 95% and $7,430,757 or 95% of the total value of the Plan as of December 31, 2009 and 2008 respectively. All changes in the value of the Plan assets, realized gains, contributions received and payments to participants were also certified as being correctly recorded and reported by the Plan trustee/administrator.

10. Investments:

The following presents investments at market value at December 31, 2009 and 2008 that represent 5% or more of the Plan assets.

	2009	2008
Key Guaranteed Portfolio Fund	$2,122,475	$2,886,630
Alger Capital Appreciation Inst'l	1,816,972	1,288,234
Alger Mid-Cap Growth Fund	455,125	*
Thornburg International Value Fund R3	752,391	588,074
Participant loans	*	420,539

*Represents less than 5% of Plan's net assets

SUPPLEMENTAL INFORMATION

Mac Haik Employees' Retirement Plan and Trust
EIN # 76-0350038
Plan 002
December 31, 2009
Schedule of Assets Held for Investment Purposes at End of Year
Schedule H, Part IV, Line 4i

	(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
		Held In General Unallocated Accounts		
	Key Guaranteed Portfolio	Group annuity contract	N/A	$2,122,475
	Forfeitures		N/A	2,513
		Mutual Funds		
	Alger Capital Appreciation Inst'l		N/A	1,816,972
	Alger Mid Cap Growth Fund		N/A	455,125
	Alger Small Cap Growth Fund		N/A	45,998
	American Funds-American Balanced Fund R3		N/A	94,005
	American Funds Capital World G/I R 3		N/A	154,260
	Blackrock Global Resources Income Fund		N/A	103,532
	Blackrock Health Science Port Fund		N/A	395,465
	Calvert Income Fund		N/A	263,991
	Columbia Small Cap Value 1 Fund		N/A	35,032
	Davis New York Venture Fund		N/A	374,337
	Diamond Hill Large Cap A		N/A	78,451
	Fidelity Advisor Freedom 2010		N/A	11,563
	Fidelity Advisor Freedom 2015		N/A	5,338
	Fidelity Advisor Freedom 2020		N/A	64,631
	Fidelity Advisor Freedom 2025		N/A	9,921
	Fidelity Advisor Freedom 2030		N/A	65,580
	Fidelity Advisor Freedom 2035		N/A	103,160
	Fidelity Advisor Freedom 2040		N/A	126,895
	Fidelity Advisor Freedom Income Fund		N/A	39,799
	Fidelity Advisor Leveraged Co Stk T		N/A	158,084
	Ivy Science & Technology		N/A	160,510
	Maxim Aggressive Profile II		N/A	140,032
	Maxim Conservative Profile II		N/A	45,244
	Maxim Moderate Profile II		N/A	64,686
	Maxim Moderately Aggressive Profile II		N/A	1,489
	Maxim Moderately Conservative Profile II		N/A	15,641
	Maxim US Government Securities Fund		N/A	149,806
	Maxim S & P 500		N/A	413,248
	Oppenheimer Main Street Small Cap A		N/A	24,642
	Riversource Mid Cap Value R3		N/A	218,509
	Thornburg International Value Fund R3		N/A	752,391
*	Participant loans	5 % to 9.25%	N/A	425,235
	Total assets			$8,938,560

NOTE: Historical cost is not required to be presented for participant-directed investments.
* Represents party-in-interest

SVADLENAK, SEE & COMPANY, P.C.

Certified Public Accountants

1600 TOWNHURST DRIVE
HOUSTON, TEXAS 77043-3227

(713) 464-6390
(713) 464-9177 – FAX
www.svadlenak-see.com

A.I.C.P.A
Division For CPA Firms
A.I.C.P.A.
T.S.C.P.A.

Ernest R Svadlenak
Melvin R See
Mark E Owens
Michael J Burcham

August 10, 2010

Susan Hensley
Mac Haik Employees' Retirement Plan and Trust
c/o Mac Haik Management, Ltd.
11757 Katy Freeway, Suite 1500
Houston, Texas 77079

Dear Susan:

Enclosed please find four copies of the Mac Haik Employees' Retirement Plan and Trust report. The bound copies are for your internal use and the unbound copies must be attached to the Form 5500 before it is mailed to the IRS.

We appreciate your assistance in gathering all the data.

Again, thanks for your assistance, friendship and business relationship.

Best regards,

Mike Burcham
SVADLENAK, SEE & COMPANY, P.C.

MJB:sp
Enclosures

MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

WITH

INDEPENDENT AUDITOR'S REPORT

SVADLENAK, SEE & COMPANY, P.C.
Certified Public Accountants

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Assets Held for Investment Purposes at End of Year – Schedule H, Part IV, Line 4i

SVADLENAK, SEE & COMPANY, P.C.

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Mac Haik Employees Retirement Plan and Trust
Houston, Texas

We were engaged to audit the financial statements and supplemental schedule of Mac Haik Employee Employees Retirement Plan and Trust as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying 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 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 in Note 9, which was certified by Great-West Life & Annuity Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

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 the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Svadlenak, See & Company P.C.

SVADLENAK, SEE & COMPANY, P.C.

July 30, 2010

MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

DECEMBER 31, 2009 AND 2008

ASSETS

	2009	2008
Assets held for investment at fair market value	$8,513,325	$7,430,757
Participant loans	425,235	420,539
Total assets at fair market value	8,938,560	7,851,296

LIABILITIES

Payables	-	-
Total liabilities	-	-
	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$8,938,560	$7,851,296

SEE ACCOMPANYING NOTES AND AUDITOR'S REPORT.

MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Interest income – participant loans		$ 27,415
Interest income – guaranteed accounts		67,653
Contributions:		
Participants	$869,179	
Rollovers	25,093	894,272
Net realized and unrealized gain on fair value of investments		1,720,257
Other income		9,723
TOTAL ADDITIONS		2,719,320
DEDUCTIONS		
Benefits paid to participants		1,627,100
Administrative expenses		4,956
TOTAL DEDUCTIONS		1,632,056
Net increase (decrease) in fund assets		1,087,264
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of the year		7,851,296
End of the year		$8,938,560

SEE ACCOMPANYING NOTES AND AUDITOR'S REPORT.

MAC HAIK EMPLOYEES' RETIREMENT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

1. Plan description, eligibility and funding policies:

General

The following description of the Mac Haik Employees' Retirement Plan and Trust ("Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan is a self-directed, defined contribution plan, covering all full-time employees of the Companies who meet the eligibility requirements detailed below. It is subject to the provisions of the Employee Retirement Income Act of 1974 (ERISA).

Eligibility

Any eligible employee who has completed six months of service and has reached his/her twentieth birthday shall be eligible to participate hereunder as of the date he has satisfied such requirements..

For purposes of this Section, an eligible employee will be deemed to have completed six months of service if he is in the employment of the employer at any time six months after his/her employment commencement date. Employment commencement date shall be the first day that he is entitled to be credited with an hour of service for the performance of duty.

An eligible employee shall become a participant effective as of the first day of the next month following the date on which such employee met the eligibility requirements. Participants may commence salary deferrals on the effective date of participation and on the first day of each Plan Year quarter.

Contributions

Participant contributions consist of pretax elective deferrals and rollover contributions. Participants may contribute pre-tax elective deferrals up to the dollar limitation contained in section 402(g) of the Internal Revenue Code in effect at the beginning of the year. Employer contributions include discretionary matching contributions and discretionary contributions. Contributions are subject to certain limitations.

Employer discretionary matching contributions made to the Plan are allocated as of the last day of the Plan year to the account of each participant who elects to have deferred cash contributions made under the Plan, and who is employed with the employer on the last day of the Plan year. Employer discretionary contributions are allocated to participants employed on the last day of the Plan year in the same ratio as each participant's eligible compensation bears to the total eligible compensation of all participants.

1. Plan description, eligibility and funding policies: (cont'd.)

Participant accounts and vesting

Each participant's account is credited with the participant's contributions, the employer's contributions, an allocation of the Plan's earnings and charged with an allocation of investment management fees. The Plan's earnings and investment management fees are allocated according to participants' relative account balances in the investment options. Certain participant and loan fees, if applicable, are also charged to participant accounts.

Participants are immediately vested in their contributions plus actual earnings thereon. The portion of the participant's account attributable to any employer matching contributions and employer discretionary contributions is fully vested after completion of six years of service. Participants' accounts become fully vested upon attainment of the normal retirement age of 65, early retirement as defined in the Plan Agreement or in the event of death or total disability.

Net assets available for benefits include the accounts of active participants, as well as certain separated, vested and retired participants who have elected to receive their benefits in installment payments or elected to defer receipt of their benefits to a later date (Installments/Deferred). These participants share in the earnings of the investments.

Forfeitures

Forfeitures are reallocated to participants in the same manner as employer discretionary contributions. At December 31, 2009 and 2008, forfeited non-vested accounts totaled $2,513 and $2,412, respectively.

Distributions to Participants

Benefits are recorded when paid. Amounts credited to an individual participant's account are distributed at termination of employment as a lump sum or in installments. Distributions may be deferred until the participant reaches the age of 70 1/2 if the value of the distribution is not less than $5,000. However, the Plan agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 70 1/2.

In certain hardship situations, as described in the Plan Agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to pre-tax elective and may not include any earnings thereon.

2. Summary of significant accounting policies:

Accounting basis

The financial statements of the Plan have been prepared on a modified cash method basis of accounting. The Plan's assets are valued at fair market value as provided and certified by Great-West Life & Annuity Insurance Company. The market value is based upon quoted market closing prices per various authoritative sources. The modified cash basis of accounting differs from generally accepted accounting principles in that contributions are not recorded until received.

Use of estimates

The process of preparing financial statements requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

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The employees of eight commonly owned companies, Mac Haik Management Ltd., Mac Haik Ford Ltd., Mac Haik Chevrolet Ltd., Houston Mac Haik Dodge Chrysler Jeep, Ltd., Austin Mac Haik Ford Lincoln Mercury, Ltd., Georgetown Mac Haik Dodge Chrysler Jeep, Ltd., Victoria Mac Haik Ford, Ltd., Temple Mac Haik Dodge, Ltd. and Southway Mac Haik Ford, Ltd. are covered by the Plan.

Investment valuation and income recognition

The Plan's investments are stated at fair market value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Participant notes receivable are valued at cost which approximates fair value.

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.

Payment of benefits

Benefits are recorded when paid.

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The Plan provides for investments in various investment securities. In general, investment securities are exposed to various risks, such as interest rate, credit, and overall volatility risks. Due to the level of risks associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

2. Summary of significant accounting policies: (cont'd.)

Cash equivalents

The administrator considers investments with a maturity of three months or less to be cash equivalents.

3. Plan termination:

Although it has not expressed any interest to do so, should the plan sponsor discontinue its operations, the Plan would also be terminated and each participant would receive their individual plan account balance.

4. Related party transactions:

Related party transactions are limited to the Company collection of the deferred compensation from employees and the transfer of such monies to the Plan administrator. Employee loans could be construed to be related parties, also certain administration expenses are paid by the plan sponsor.

5. Participant loans:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at prevailing rates as determined quarterly by the Plan administrator. A participant can have only one loan outstanding from the Plan at any time.

6. Income tax status:

The U.S. Treasury Department has informed the Company that the Plan is qualified under the appropriate Section of the Internal Revenue Code and that income earned by the fund is tax-exempt. The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

7. Commitments and contingencies:

The administrative committee has represented to us that there are no legal or unasserted claims against the Plan, no unfulfilled commitments, the Plan has been properly administered and all documents have been properly updated to reflect all current requirements and regulations to keep the Plan qualified.

8. Investment and administrative expenses:

Investment and management fees are charged to participants based on their investment elections, which vary between the various investment options and funds selected. Certain administrative fees including a base rate per plan, a charge per participant, service fees, and audit fees are paid by the Company.

9. Information not covered by auditor's report:

Pursuant to the terms of the Plan, Mac Haik Employees' Retirement Plan and Trust has entered into a trust agreement with Great-West Life & Annuity Insurance Company for the years ended December 31, 2009 and 2008, whereby the trustee holds the Plan's investment assets and executes transactions therein, including the receipt of income earned, participant's contributions and payment of withdrawals.

For financial reporting and disclosure purposes under the Employee Retirement Income Security Act of 1974, the administrative committee has elected the method for compliance permitted by 2520.103-8 of the Department of Labor Rules and Regulations which permits the Plan's administrative committee to rely on financial statement information certified by the plan trustee and provides that the independent public accountant need not perform auditing procedures with respect to information certified to by the trustee of the Plan, Great-West Life & Annuity Insurance Company. The total value of the assets held by the plan trustee was $8,513,325 or 95% and $7,430,757 or 95% of the total value of the Plan as of December 31, 2009 and 2008 respectively. All changes in the value of the Plan assets, realized gains, contributions received and payments to participants were also certified as being correctly recorded and reported by the Plan trustee/administrator.

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The following presents investments at market value at December 31, 2009 and 2008 that represent 5% or more of the Plan assets.

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Alger Mid-Cap Growth Fund	455,125	*
Thornburg International Value Fund R3	752,391	588,074
Participant loans	*	420,539

*Represents less than 5% of Plan's net assets

SUPPLEMENTAL INFORMATION

Mac Haik Employees' Retirement Plan and Trust
EIN # 76-0350038
Plan 002
December 31, 2009
Schedule of Assets Held for Investment Purposes at End of Year
Schedule H, Part IV, Line 4i

	(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
		Held In General Unallocated Accounts		
	Key Guaranteed Portfolio	Group annuity contract	N/A	$2,122,475
	Forfeitures		N/A	2,513
		Mutual Funds		
	Alger Capital Appreciation Inst'l		N/A	1,816,972
	Alger Mid Cap Growth Fund		N/A	455,125
	Alger Small Cap Growth Fund		N/A	45,998
	American Funds-American Balanced Fund R3		N/A	94,005
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	Blackrock Health Science Port Fund		N/A	395,465
	Calvert Income Fund		N/A	263,991
	Columbia Small Cap Value 1 Fund		N/A	35,032
	Davis New York Venture Fund		N/A	374,337
	Diamond Hill Large Cap A		N/A	78,451
	Fidelity Advisor Freedom 2010		N/A	11,563
	Fidelity Advisor Freedom 2015		N/A	5,338
	Fidelity Advisor Freedom 2020		N/A	64,631
	Fidelity Advisor Freedom 2025		N/A	9,921
	Fidelity Advisor Freedom 2030		N/A	65,580
	Fidelity Advisor Freedom 2035		N/A	103,160
	Fidelity Advisor Freedom 2040		N/A	126,895
	Fidelity Advisor Freedom Income Fund		N/A	39,799
	Fidelity Advisor Leveraged Co Stk T		N/A	158,084
	Ivy Science & Technology		N/A	160,510
	Maxim Aggressive Profile II		N/A	140,032
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	Maxim Moderate Profile II		N/A	64,686
	Maxim Moderately Aggressive Profile II		N/A	1,489
	Maxim Moderately Conservative Profile II		N/A	15,641
	Maxim US Government Securities Fund		N/A	149,806
	Maxim S & P 500		N/A	413,248
	Oppenheimer Main Street Small Cap A		N/A	24,642
	Riversource Mid Cap Value R3		N/A	218,509
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*	Participant loans	5 % to 9.25%	N/A	425,235
	Total assets			$8,938,560

NOTE: Historical cost is not required to be presented for participant-directed investments.
* Represents party-in-interest