

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>HILL, HOLLIDAY RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>05/01/1976</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.</u> <u>53 STATE STREET</u> <u>BOSTON, MA 02109</u>	2b Employer Identification Number (EIN) <u>04-3413445</u>	2c Sponsor's telephone number <u>617-366-4000</u>	2d Business code (see instructions) <u>541800</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2010</u>	<u>KEVIN WALSH</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC. 53 STATE STREET BOSTON, MA 02109	3b Administrator's EIN 04-3413445 3c Administrator's telephone number 617-366-4000
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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
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5 Total number of participants at the beginning of the plan year	5	1086
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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	713
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	326
d Subtotal. Add lines 6a , 6b , and 6c	6d	1039
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	1044
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	900
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	75

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 HILL, HOLLIDAY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.	D Employer Identification Number (EIN) 04-3413445	

Part I	Service Provider Information (see instructions)
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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
BANK OF AMERICA, N.A.
94-1687665

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 59 60 62 63 72	RECORDKEEPER	3820	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 HILL, HOLLIDAY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.	D Employer Identification Number (EIN) 04-3413445	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1105016	1097885
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14427	615
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	452351	403909
(9) Value of interest in common/collective trusts.....	1c(9)	3728816	3879175
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	22428976	28246987
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	27729586	33628571

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	61440	128145
k Total liabilities (add all amounts in lines 1g through 1j)	1k	61440	128145

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	27668146	33500426
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1100849	
(B) Participants	2a(1)(B)	3033378	
(C) Others (including rollovers)	2a(1)(C)	491862	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4626089

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	21306	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21315

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	528381	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		528381

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		150360
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5835048
c Other income.....	2c		37375
d Total income. Add all income amounts in column (b) and enter total.....	2d		11198568

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5118820	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5118820
f Corrective distributions (see instructions)	2f		128146
g Certain deemed distributions of participant loans (see instructions).....	2g		115502
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3820	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3820
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5366288

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5832280
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

A Name of plan <u>HILL, HOLLIDAY RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.</u>	D Employer Identification Number (EIN) <u>04-3413445</u>

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	<u>0</u>
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): <u>22-3513863</u> <u>94-1687665</u> 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 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
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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): _____

Hill, Holliday
Retirement Savings Plan
Financial Statements and Supplemental Schedule
December 31, 2009 and 2008

Hill, Holliday Retirement Savings Plan

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* Certain supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted for the reason that they are not required or not applicable.

Report of Independent Auditors

To the Participants and Administrator of
Hill, Holliday Retirement Savings Plan

We were engaged to audit the financial statements and supplemental schedule of Hill, Holliday Retirement Savings Plan (the "Plan") at December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of 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.

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

PricewaterhouseCoopers LLP

Boston, Massachusetts

October 8, 2010

Hill, Holliday Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value		
Mutual funds	\$ 28,247,602	\$ 22,443,403
Common collective trusts	3,616,817	3,210,502
Loans to participants	403,909	452,351
Total investments	<u>32,268,328</u>	<u>26,106,256</u>
Contributions receivable		
Employer	1,097,885	1,105,016
Total receivables	<u>1,097,885</u>	<u>1,105,016</u>
Total assets	<u>\$ 33,366,213</u>	<u>\$ 27,211,272</u>
Liabilities		
Refunds payable	\$ 128,146	\$ 61,440
Total liabilities	<u>128,146</u>	<u>61,440</u>
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit-responsive investment contract	<u>262,359</u>	<u>518,314</u>
Net assets available for benefits	<u>\$ 33,500,426</u>	<u>\$ 27,668,146</u>

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

Hill, Holliday Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to net assets available for benefits attributed to

Investments	
Net appreciation in fair value of investments	\$ 6,022,784
Interest and dividend income	549,695
Total investment income	<u>6,572,479</u>
Contributions	
Participant	3,033,378
Employer	1,100,849
Rollovers	491,862
Total contributions	<u>4,626,089</u>
Total additions	<u>11,198,568</u>

Deductions from net assets available for benefits attributed to

Benefits paid directly to participants	5,362,468
Administrative expenses	3,820
Total deductions	<u>5,366,288</u>
Net increase in net assets available for benefits	5,832,280

Net assets available for benefits

Beginning of year	<u>27,668,146</u>
End of year	<u>\$ 33,500,426</u>

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

Hill, Holliday Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

1. Description of the Plan

The following description of the Hill, Holliday Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description and plan document for a more complete description of the Plan's provisions.

Hill, Holliday, Connors, Cosmopulos, Inc. (the "Company") established the Plan as a way for eligible employees to accumulate capital for their retirement. The Plan was formerly comprised of two trusts: the Hill, Holliday, Connors, Cosmopulos, Inc. Retirement Savings Plan trust, which holds the assets of active participants; and Trust U/A DTD 5/1/80, which contained a frozen portion of a previous plan. Trust U/A DTD 5/1/80 was completely liquidated during the 2008 plan year.

Effective November 2, 2009, Merrill Lynch Bank and Trust Co., FSB was acquired by Bank of America, N.A. and Bank of America, N.A. became the successor trustee of the Plan.

General

The Plan is a defined contribution plan covering all employees regularly employed by the Company that have completed three months of continuous service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

The Plan provides a Section 401(k) salary reduction feature whereby participants may contribute up to 60% of their compensation each year. The Company contributes 50% of the participant's contribution, up to 6% of compensation. The Company calculates its match annually and makes the contribution in January of every year. At the discretion of the Board of Directors, the Company may make additional contributions. No additional contributions were made for the year ended December 31, 2009.

Effective January 1, 2008, the Plan was amended to modify the Company matching contribution percentage from 38% to 50%.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and plan earnings, and is charged with an allocation of administrative expenses. Allocations of plan earnings are based on a participant's individual fund balance as a percentage of the total plan balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participation and Vesting

Employees become eligible on the first day of the quarter following their third consecutive month of service. Participants are immediately vested in their contributions plus actual earnings thereon, as well as in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon.

Payment of Benefits

Benefits are paid in lump-sum amounts, installments, or annuities upon a participant's retirement, termination of employment, death, or disability retirement. If their balance is under \$5,000, the participants will have their balances distributed to them. Otherwise, the participants may elect to maintain their account balances under the provisions of the Plan.

Hill, Holliday Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of the lesser of \$50,000, or 50% of their vested account balance, whichever is less. Loan terms range from six months to five years. The loans are secured by the balance in the participant's account and bear interest at the prime rate. Principal and interest is paid ratably through semimonthly payroll deductions. The rate remains fixed for the duration of the loan. Interest rates on outstanding loans ranged between 3.25% and 10% as of December 31, 2009 and 2008.

Forfeited Accounts

At December 31, 2009, forfeited nonvested accounts totaled \$38,636. These forfeited accounts relate entirely to an old plan, which was merged into the Plan in 2003, and will be used to reduce future employer contributions. During 2009, forfeitures of \$2,964 were used to fund employer contributions.

Administrative Expenses

Substantially all administrative expenses of the Plan are paid by the Company.

2. Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting and are in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and the changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties

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

Investment Valuation and Income Recognition

Investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. The fair market value of participation units owned by the Plan in the common collective trust funds is based on the net asset value of shares held by the Plan at year-end. Loans are valued at cost plus accrued interest, which approximates fair value.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of dividends received, which are reinvested in the corresponding trust funds, the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Hill, Holliday Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

As described by Accounting Standards Codification ("ASC") 946-210-45 through 946-210-55 (formerly referred to as Financial Accounting Standards Board Staff Position, FSP AAG INV-1, *Reporting of Fully Benefit- Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Audit Guide and Defined-Contribution Health and Welfare and Pension Plans*), December collective trusts relating to fully benefit-responsive investment contracts held by a defined contribution plan are to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Payment of Benefits

Benefits are recorded when paid.

3. Recent Accounting Pronouncements

In 2009, the FASB issued Accounting Standards Update No. 2009-01, "Generally Accepted Accounting Principles" (ASC Topic 105) which establishes the FASB Accounting Standards Codification ("the Codification" or "ASC") as the official single source of authoritative U.S. generally accepted accounting principles ("GAAP"). All existing accounting standards are superseded. All other accounting guidance not included in the Codification will be considered non-authoritative. The Codification also includes all relevant Securities and Exchange Commission ("SEC") guidance organized using the same topical structure in separate sections within the Codification.

Following the Codification, the Board will not issue new standards in the form of Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. Instead, it will issue Accounting Standards Updates ("ASU") which will serve to update the Codification, provide background information about the guidance and provide the basis for conclusions on the changes to the Codification.

The Codification is not intended to change GAAP, but it will change the way GAAP is organized and presented. In order to ease the transition to the Codification, we are providing the Codification cross-reference alongside the references to the standards issued and adopted prior to the adoption of the Codification. The Codification had no effect on the financial position, statement of net assets available for benefits, or statement of changes in net assets available for benefits of the Plan.

In 2010, the FASB issued ASU No. 2010-06 which amends Fair Value Measurements and Disclosures – Overall (ASC Topic 820-10). This update requires a gross presentation of activities within the Level 3 rollforward and adds a new requirement to disclose transfers in and out of Level 1 and 2 measurements. The update further clarifies the existing disclosure requirements in ASC 820-10 regarding: i) the level of disaggregation of fair value measurements; and ii) the disclosures regarding inputs and valuation techniques. This update will be effective for our fiscal year beginning January 1, 2010 except for the gross presentation of the Level 3 transfers in and transfers out information, which is effective for the current fiscal year. The principal impact from this update will be expanded disclosures regarding our fair value measurements.

Hill, Holliday Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

In April 2009, the FASB issued FASB Staff Position ("FSP") No. 157-4, *"Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly"* ("ASC 820-10-65"). ASC 820-10-65 relates to determining fair values when there is no active market or where the price inputs being used represent distressed sales. It reaffirms the FAS 157 ("ASC 820") objective of fair value measurement to reflect how much an asset would be sold for in an orderly transaction (as opposed to a distressed or forced transaction) at the date of the financial statements under current market conditions. Specifically, it reaffirms the need to use judgment to ascertain if a formerly active market has become inactive and in determining fair values when markets have become inactive. ASC 820-10-65 is effective for fiscal years ending after June 15, 2009. The adoption of this guidance did not have a material effect on the Plan's financial statements.

In May 2009, the FASB issued FAS 165 ("ASC 855-10") a new accounting standard that requires disclosure in the financial statements to reflect the effects of subsequent events that provide additional information on conditions about the financial statements as of the Statements of Assets Available for Benefits date (recognized subsequent events) and disclosure of subsequent events that provide additional information about conditions after the Statements of Assets Available for Benefits date, if the financial statements would otherwise be misleading (unrecognized subsequent events). The Plan adopted the accounting standard as of December 31, 2009. Events or transactions occurring after period end through the date that the financial statements were issued, have been evaluated in the preparation of the financial statements.

In 2009, the FASB issued ASU No. 2009-12 which provides amendments to Fair Value Measurements and Disclosures - Overall (ASC Topic 820-10), for the fair value measurement of investments in certain entities that calculate net asset value per share. The update permits as a practical expedient, a reporting entity to measure the fair value of an investment on the basis of the NAV per share of the investment if the NAV is calculated in a manner consistent with the measurement principles of Topic 946 "Financial Services - Investment Companies". The update requires disclosure by major category of investment about the attributes of investments, such as the nature of the restrictions on the investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investees. The adoption of this update did not have material effect on the Plan's financial statements.

In September 2010, the FASB approved for issuance of the FASB ASU on Reporting Loans to Participants by Defined Contribution Pension Plans, which is effective for years ending after December 15, 2010. The new standard will now require that participant loans be classified as notes receivable for U.S. GAAP purposes and measured at unpaid principal balance plus accrued but unpaid interest. Currently these participant loans are classified as Plan investments, and are subject to the fair value measurement and disclosure requirements of ASC 820. Adopting this new standard will eliminate the need to calculate fair values and present disclosures for these loans in accordance with ASC 820. The FASB permits Plans this option for their financial statements ending December 31, 2009, however, the Plan has elected to defer adoption.

4. Investments

During 2009, the Plan's mutual funds (including gains and losses on shares bought and sold, as well as held during the year) appreciated in value by \$5,616,469 and the common collective trust appreciated in value by \$406,315.

Hill, Holliday Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

Interest and dividends were as follows:

Interest	\$ 21,306
Dividends	528,389
	<u>\$ 549,695</u>

The following table presents investments that represent 5% or more of the Plan's net assets available for benefits at December 31:

	2009	2008
BlackRock Large Cap Core Fund A	\$ 3,605,125	\$ 3,548,875
ML Retirement Preservation Trust	2,791,294	2,739,813
Oakmark Equity & Income Fund II	2,617,467	2,554,978
Oppenheimer Global Oppor Fund A	2,554,721	1,614,567
Goldman Sachs Mid Cap Value Fund A	1,986,006	1,604,949
BlackRock S&P 500 Index Fund I	*	1,427,986
BlackRock Large Cap Value Fund A	*	1,698,429

*Investment did not met the 5% threshold in the respective year presented.

5. Fair Value Measurement

In September 2006, the FASB issued ASC 820, Fair Value Measurements. ASC 820 defines fair value, establishes a market-based framework hierarchy for measuring fair value, and expands disclosures about fair value measurements in the footnotes to the financial statements. ASC 820 is applicable whenever another accounting pronouncement requires or permits assets and liabilities to be measured at fair value. On January 1, 2008, the Plan adopted ASC 820.

In accordance with ASC 820, fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date in the principal or most advantageous market of the asset.

ASC 820 established a three-tier hierarchy based on transparency of inputs to the valuation of an asset or liability:

Level 1: Quoted market prices in active markets for identical assets or liabilities that the Company has the ability to access.

Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data such as quoted prices, interest rates, and yield curves.

Level 3: Inputs are unobservable data points that are not corroborated by market data.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The adoption of ASC 820 did not have material impact on the financial statements of the Plan.

Hill, Holliday Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

The following table presents information about the Plan's investments measured at fair value on a recurring basis of December 31, 2009 and 2008:

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Asset Allocation	\$ 2,617,467	\$ -	\$ -	\$ 2,617,467
Equity	22,151,649	-	-	22,151,649
Fixed Income	3,477,871	-	-	3,477,871
Other	615	-	-	615
Common/collective trust				
Fixed Income	-	3,616,817	-	3,616,817
Participant loans	-	-	403,909	403,909
Total investments at fair value	<u>\$ 28,247,602</u>	<u>\$ 3,616,817</u>	<u>\$ 403,909</u>	<u>\$ 32,268,328</u>

	Investments at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Asset Allocation	\$ 2,554,978	\$ -	\$ -	\$ 2,554,978
Equity	17,347,787	-	-	17,347,787
Fixed Income	2,526,211	-	-	2,526,211
Other	14,427	-	-	14,427
Common/collective trust				
Fixed Income	-	3,210,502	-	3,210,502
Participant loans	-	-	452,351	452,351
Total investments at fair value	<u>\$ 22,443,403</u>	<u>\$ 3,210,502</u>	<u>\$ 452,351</u>	<u>\$ 26,106,256</u>

The table below presents the fair value measurements of the Plan assets that calculate and provide the Company with a net asset value per share. The plan asset is classified as level 2 according to the fair value hierarchy:

Asset	Fair Value	Unfunded Commitments	Redemption Frequency (if eligible)	Redemption Notice Period
Common collective trust	\$ 3,616,817	\$ -	Daily	Daily

Hill, Holliday Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009 and 2008.

Level 3 Assets	Participant Loans
Balance, December 31, 2007	\$ 401,004
Issuances and repayments (net)	<u>51,347</u>
Balance, December 31, 2008	452,351
Issuances and repayments (net)	<u>(48,442)</u>
Balance, December 31, 2009	<u>\$ 403,909</u>

6. Summary of Financial Information Certified by the Trustee

The following is a summary of a portion of the Plan's financial information certified by Bank of America, N.A., the trustee of the Plan as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

This information has been relied on by the plan administrator in the preparation of the Plan's financial statements and related supplemental schedule in accordance with ERISA:

- The cost and fair value of investment balances, including participant loans, by fund and in the aggregate;
- Net appreciation in fair value of investments by fund and in the aggregate;
- Investment income, including interest and dividends received or accrued, by fund and in the aggregate;
- All investment purchase and sales activity; and
- Identity of issue, borrower, lessor or similar party, description of investment, investment cost and investment current value as presented in the accompanying Schedule of Assets (Held at End of Year).

7. Income Tax Status

The plan sponsor is currently relying on a prototype letter. A determination letter has not been received for the nonstandardized prototype plan. The plan sponsor and the Plan's general counsel believe the Plan and the related trust is designed in accordance with the applicable requirements of the Internal Revenue Code ("IRC") and, therefore, believe that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

Hill, Holliday Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

8. Related Party Transactions

The Plan invests in shares of certain mutual funds managed by an affiliate of Bank of America, N.A., which served as the Plan's trustee at December 31, 2009 and 2008 and for the year ended December 31, 2009. These transactions qualify as party-in-interest. Participant loans also qualify as party-in-interest transactions. The total balance of party-in-interest investments at December 31, 2009 and 2008 was \$13,789,979 and \$12,639,319, respectively.

9. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject the provisions of ERISA. In the event of plan termination, participants will have a fully vested and nonforfeitable interest in their share of the net assets available for benefits.

Hill, Holliday Retirement Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Rate of Interest, Collateral, Par or Maturity Value Including Maturity Date	(d) Cost	(e) Current Value
Mutual Funds			
Allianz NFJ Small Cap Value A	39,272 shares	**	\$ 910,714
Allianz NFJ Small Cap Value A-GM	15,988 shares	**	370,751
American Century Diversified Bond Fund	685 shares	**	7,230
American Growth Fund of America R3	38,202 shares	**	1,028,789
American Growth Fund of America R3 GM	48,599 shares	**	1,308,758
Columbia Acorn Fund A	26,711 shares	**	640,534
Columbia Acorn Fund A-GM	17,123 shares	**	410,599
Columbia Intermediate Bond A	60,285 shares	**	529,903
Columbia Intermediate Bond A GM	120,261 shares	**	1,057,093
Fidelity Advisor Diversified International Fund T-GM	1.00 shares	**	5
Goldman Sachs Mid Cap Value Fund A	68,530 shares	**	1,986,006
Goldman Sachs Mid Cap Value Fund A-GM	24,265 shares	**	703,200
JPMorgan Market Expansion Index A	55,975 shares	**	484,180
* Blackrock Equity Dividend Fund A	87,531 shares	**	1,384,733
* Blackrock Equity Dividend Fund A-GM	101,906 shares	**	1,612,149
* Blackrock Fundamental Growth Fund A	2,893 shares	**	55,745
* Blackrock Large Cap Core Fund A	366,002 shares	**	3,605,125
* Blackrock Large Cap Value Fund A	114,937 shares	**	1,532,104
* Blackrock S&P 500 Index Fund I	115,877 shares	**	1,579,397
Oakmark Equity & Income Fund II	102,928 shares	**	2,617,467
Oppenheimer Global Oppor Fund A	95,862 shares	**	2,554,721
Oppenheimer Global Oppor Fund A-GM	14,249 shares	**	379,729
Pimco Total Return Fund A	78,615 shares	**	849,044
Pimco Total Return Fund A-GM	87,290 shares	**	942,731
Seligman Communications & Information Fund A	4,250 shares	**	164,799
Templeton Global Bond Fund A	7,223 shares	**	91,870
Thornburg International Value Fund A	18,170 shares	**	450,792
Thornburg International Value Fund A-GM	39,856 shares	**	988,819
Other			615
			<u>28,247,602</u>
Common/Collective Trusts			
* ML Retirement Preservation Trust	2,993,770 shares	**	2,791,294
* ML Retirement Preservation Trust GM	885,405 shares	**	825,523
			<u>3,616,817</u>
* Participant Loans	3.25% - 10.0%	**	<u>403,909</u>
			<u>\$ 32,268,328</u>

* Indicates a party-in-interest.

** Information not required as investments are all participant or beneficiary directed.

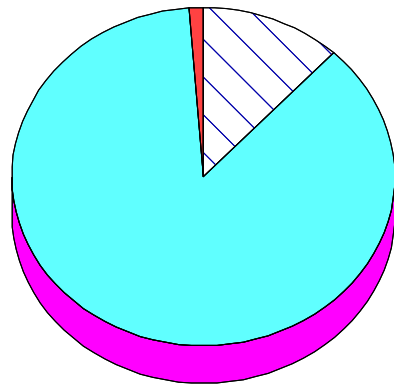
The information in this schedule has been certified as complete and accurate by the Trustee.

REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

HILL, HOLLIDAY RETIREMENT
SAVINGS PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



COMMON / COLLECTIVE TRUSTS

LOANS

MUTUAL FUNDS

PENDING SETTLEMENT FUNDS

Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML RET PRESERVATION TRUST	2,993,770.0100	1.000	2,993,770.01	2,993,770.01	0.00
ML RET PRES TRUST GM	885,404.5470	1.000	885,404.57	885,404.55	(0.02)
TOTAL COMMON / COLLECTIVE			3,879,174.58	3,879,174.56	(0.02)
<u>MUTUAL FUNDS</u>					
FIDELITY ADV DIV INTL T GM	0.3790	14.700	4.60	5.57	0.97
ALG MIDCAP GR INSTL PORT GM	0.0430	11.930	0.34	0.51	0.17
HOTCHKIS&WILEY SM CP VAL A	0.0000	29.400	0.02	0.00	(0.02)
HOTCHKIS&WILEY SM CP VAL A GM	0.0062	29.400	0.11	0.18	0.07
THE OAKMARK EQ & INC FD CL II	102,928.3270	25.430	2,215,924.74	2,617,467.36	401,542.62
JPMORGAN MARKET EXP INDX FD A	55,974.5158	8.650	388,502.41	484,179.56	95,677.15
BLACKROCK LG CAP CORE A	366,002.4999	9.850	3,017,256.10	3,605,124.62	587,868.52



REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

HILL, HOLLIDAY RETIREMENT
SAVINGS PLAN
CONSOLIDATION

Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
BLACKROCK LG CAP VALUE A	114,936.5478	13.330	1,313,704.45	1,532,104.18	218,399.73
PIONEER HIGH YIELD FD CL A	0.0000	9.120	0.02	0.00	(0.02)
COLUMBIA ACORN FUND-A	26,711.1934	23.980	466,199.21	640,534.42	174,335.21
COLUMBIA ACORN A GM	17,122.5535	23.980	300,487.09	410,598.83	110,111.74
COLUMBIA INTERMED BD A	60,284.7091	8.790	474,913.53	529,902.59	54,989.06
COLUMBIA INTERM BD A-GM	120,260.8300	8.790	961,539.22	1,057,092.70	95,553.48
AMERICAN GROWTH FD OF AMER R3	38,202.3549	26.930	790,523.09	1,028,789.42	238,266.33
AMERICAN GRTH FD OF AMER R3 GM	48,598.5101	26.930	1,006,418.07	1,308,757.88	302,339.81
AMERICAN CENTURY DIVERS BD FD	684.7055	10.560	7,208.94	7,230.49	21.55
BLACKROCK FUNDMNTL GRW A	2,892.8324	19.270	43,681.08	55,744.88	12,063.80
BLACKROCK EQ DIVIDEND A	87,530.5152	15.820	1,155,922.92	1,384,732.75	228,809.83
BLACKROCK EQ DIVIDEND A GM	101,905.7324	15.820	1,351,103.62	1,612,148.69	261,045.07
BLACKROCK GOV INC A GM	0.0028	10.320	0.03	0.03	0.00
PIMCO TOTAL RETURN FUND CL A	78,615.1935	10.800	811,298.92	849,044.09	37,745.17
PIMCO TOT RET FD CL A GM	87,289.9294	10.800	898,776.56	942,731.24	43,954.68
BLACKROCK S&P500 INDEX I	115,876.5043	13.630	1,271,307.02	1,579,396.75	308,089.73
ALLIANZ NFJ SM-CAP VALUE CL A	39,271.8202	23.190	730,776.32	910,713.51	179,937.19
ALLIANZ NFJ SM-CAP VL CL A GM	15,987.5529	23.190	306,248.26	370,751.35	64,503.09
GOLDMAN SACHS MID CAP VAL A	68,530.2237	28.980	1,510,022.04	1,986,005.88	475,983.84
GOLDMAN SACHS MID CAP VAL A GM	24,265.0107	28.980	542,465.89	703,200.01	160,734.12
THORNBURG INTER VALUE FD A	18,169.7604	24.810	353,823.67	450,791.76	96,968.09
THORNBURG INTER VALUE FD A GM	39,855.6584	24.810	766,246.67	988,818.88	222,572.21
TEMPLETON GLOBAL BOND FD CL A	7,222.5149	12.720	88,378.53	91,870.39	3,491.86

REVALUED STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

HILL, HOLLIDAY RETIREMENT
SAVINGS PLAN
CONSOLIDATION

Investment Category	Shares/Units	Price/NAV	Cost/Book Value	Market Value	Difference
SELIGMAN COMM & INFO FD CL A	4,249.5787	38.780	109,677.11	164,798.66	55,121.55
OPPENHEIMER GLOBAL OPPOR A	95,861.9463	26.650	1,527,182.02	2,554,720.87	1,027,538.85
OPPENHEIMER GLOBAL OPPOR A GM	14,248.7250	26.650	236,569.03	379,728.52	143,159.49
TOTAL MUTUAL FUNDS			22,646,161.63	28,246,986.57	5,600,824.94
<u>LOANS</u>					
LOAN FUND	403,908.9100	1.000	403,908.91	403,908.91	0.00
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	50.0000	1.000	50.00	50.00	0.00
INVESTMENT TOTAL			26,929,295.12	32,530,120.04	5,600,824.92
UNINVESTED CASH			0.00	0.00	0.00
ACCRUED INCOME			482.44	482.44	0.00
CASH			82.65	82.65	0.00
TOTAL ASSETS			26,929,860.21	32,530,685.13	5,600,824.92

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

