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
CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1972

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

200 EAST AVENUE
CHICO, CA 95926

2b Employer Identification Number (EIN)
94-2644759

2c Sponsor's telephone number
530-895-1771

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.	10/14/2010	PATRICK C. PATTERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	PATRICK C. PATTERSON
	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")
CHUCK PATTERSON, INC.

200 EAST AVENUE
CHICO, CA 95926

3b Administrator's EIN
94-2644759

3c Administrator's telephone number
530-895-1771

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**	157
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**	93
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	75
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	168
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	168
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	139
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHUCK PATTERSON, INC.

D Employer Identification Number (EIN)
94-2644759

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

WILMINGTON TRUST CO

65-1214236

(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?
21	NONE	33585	Yes [ ] No [X]	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 ☐

(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

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(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHUCK PATTERSON, INC.

D Employer Identification Number (EIN)
94-2644759

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GIC

b Name of sponsor of entity listed in (a): WTFSC

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)
26-3783330-902	C	328248

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC BALANCED

b Name of sponsor of entity listed in (a): WTFSC

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)
26-3783639-913	C	195042

a Name of MTIA, CCT, PSA, or 103-12 IE: OVERSEAS EQUITY

b Name of sponsor of entity listed in (a): WTFSC

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)
26-3783687-920	C	155029

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROWTH

b Name of sponsor of entity listed in (a): WTFSC

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)
26-3783495-909	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC GROWTH

b Name of sponsor of entity listed in (a): WTFSC

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)
26-3783632-912	C	282318

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY GROWTH

b Name of sponsor of entity listed in (a): WTFSC

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)
26-3783319-901	C	606434

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE COMPANY VALUE

b Name of sponsor of entity listed in (a): WTFSC

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)
26-3783374-009	C	70719

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783506-910	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7607
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL VALUE			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783363-909	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6156
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH VALUE			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783354-905	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	47325
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783561-911	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	283206
a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED INCOME INDEX			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783732-927	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8360
a Name of MTIA, CCT, PSA, or 103-12 IE: S & P 500 INDEX			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783703-921	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16669
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783724-926	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	78851
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783919-945	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30870
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783748-929	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17086
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN REIT			
b Name of sponsor of entity listed in (a): WTFSC			
c EIN-PN 26-3783868-937	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51434

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

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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
CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHUCK PATTERSON, INC.

D Employer Identification Number (EIN)
94-2644759

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	817	14540
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	4615	4570
(3) Other	1b(3)	3567	2483
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	136389	7716
(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)	1051717	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	211389	1578349
(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)	127325	143175
(9) Value of interest in common/collective trusts	1c(9)	1958136	2185355
(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)		0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3493955	3936188
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	4432	2981
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4432	2981
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3489523	3933207

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)	11805	
	(B) Participants	2a(1)(B)	133094	
	(C) Others (including rollovers)	2a(1)(C)	4726	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		149625
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	6764	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6764
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	23011	
	(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)		23011
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	220775	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		220775
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		229979
	(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)		7105
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		637259
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	158873	
	(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)		158873
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	34702	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		34702
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		193575
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		443684
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: JOHN A. POWELL & ASSOCIATES LLP **(2)** EIN: 20-1903622

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		300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		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
CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CHUCK PATTERSON, INC.

D Employer Identification Number (EIN)
94-2644759

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**

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): 65-1214236

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):

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

Chico, California

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Years Ended December 31, 2009 and 2008

JOHN A. POWELL & ASSOCIATES, LLP
CERTIFIED PUBLIC ACCOUNTANTS
1530 Humboldt Rd., Suite 2, Chico, CA 95928

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

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Years Ended December 31, 2009 and 2008

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JOHN A. POWELL & ASSOCIATES, LLP

CERTIFIED PUBLIC ACCOUNTANTS

JOHN A. POWELL RICHARD W. POWELL

INDEPENDENT AUDITORS' REPORT

To the Administrators
Chuck Patterson, Inc.
401(k) Profit Sharing Plan
Chico, California

We have audited the accompanying statement of net assets available for benefits of Chuck Patterson, Inc. 401(k) Profit Sharing Plan, as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

During the course of our audit, it was found that valuation techniques used to measure the fair value of plan assets were not disclosed. This is a required disclosure, and its omission is a departure from generally accepted accounting principles.

In our opinion, except for the omission of valuation techniques used to measure fair value of assets, as described in the preceding paragraph, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Chuck Patterson, Inc. 401(k) Profit Sharing Plan, as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

John A. Powell & Associates, LLP

October 5, 2010

1530 Humboldt Rd., Suite 2 • Chico, CA 95928
530-893-1871 • FAX 530-893-0119
johnp@johnpowellassociatescpa.com

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Cash	$ 14,540	$ 817
Investments (at fair value):		
Interest bearing cash	7,716	136,389
Equity securities	1,578,349	211,389
Collective trust	1,857,107	1,515,359
Fixed income	-	1,051,717
Guaranteed investment contract	328,248	442,777
	3,771,420	3,357,631
Receivables	7,053	8,182
Participant loans	143,175	127,325
	150,228	135,507
TOTAL ASSETS	$ 3,936,188	$ 3,493,955
LIABILITIES		
Liability for excess employer contribution	2,981	4,432
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	3,933,207	3,489,523
Ajustment from fair value to contract value for guaranteed investment contract	52,722	44,206
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,985,929	$ 3,533,729

See auditors' report and notes
to the financial statements.

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 426,263	$ (1,799,255)
Interest	51,602	9,356
Dividends	23,011	42,609
Subtotal	500,876	(1,747,290)
Less investment expenses	(34,702)	(53,724)
Total gain(loss) on investments	466,174	(1,801,014)
Contributions:		
Participants'	133,094	204,937
Employers'	11,805	23,220
Total contributions	144,899	228,157
TOTAL ADDITIONS	611,073	(1,572,857)
DEDUCTIONS		
Deductions from net assets attributable to:		
Benefits paid to participants	(158,873)	(222,484)
NET INCREASE (DECREASE)	452,200	(1,795,341)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	3,533,729	5,110,580
Prior period adjustment	-	218,490
Beginning of year - restated	3,533,729	5,329,070
End of year	$ 3,985,929	$ 3,533,729

See auditors' report and notes
to the financial statements.

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2009 and 2008

1. DESCRIPTION OF PLAN

The following description of the Chuck Patterson, Inc. 401(k) Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to $15,500 of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes 25% of the first $2,000 of base compensation that a participant contributes to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's board of directors and are invested in a portfolio of investments as directed by the Company. Contributions are subject to certain limitations.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.

Participant Loans: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 6% to 10%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2009 and 2008

1. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits: On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a ten year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts: At December 31, 2009 and 2008 forfeited non-vested accounts totaled $6,725 and $12,228 respectively. These accounts will be used to reduce future employer contributions to the plan.

Operating expenses: With the exception of administrative and investment fees, all expenses associated with maintaining the Plan are paid by the Plan Sponsor.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of significant accounting policies followed in the preparation of these financial statements:

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting: The financial statements of the plan are prepared under the accrual method of accounting.

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP), investment contracts held by a defined-contribution plan are required 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Participant loans are valued at their outstanding balances, which approximate fair value. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

3. CASH

An analysis of cash at December 31, 2009 and 2008 is as follows:

	2009	2008
Wilmington Trust - non-interest bearing cash	$ 14,540	$ 817

4. INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

4. INVESTMENTS (CONTINUED)

Although this is a required disclosure for the year end December 31, 2009, and Plan assets are already reported at fair value, the Plan will not be disclosing the valuation techniques for its assets. With the exception of the Guaranteed Investment Contract, the following is a summary of investments reported at fair value. Investments representing 5 percent or more of the Plan's net assets are separately identified. The following investments were held at December 31, 2009, and 2008 respectively:

	2009	2008
Investments at fair value:		
Interest bearing cash	$ 7,716	$ 136,389
Equity securities	1,578,349	211,389
Collective trusts	1,857,107	1,515,359
Fixed income	-	1,051,717
Guaranteed investment contract, at contract value	380,970	486,983
TOTAL INVESTMENTS	$ 3,824,142	$ 3,401,837

During 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $509,473 as follows:

Equity securities	191,380
Collective trust	229,979
Fixed income	(2,201)
Mutual fund	7,105
NET CHANGE IN FAIR VALUE	$ 426,263

4. INVESTMENTS (CONTINUED)

The following investments represent 5 percent or more of the Plan's net assets:

	2009	2008
Collective trust		
GIC Portfolio, 9,511 and 12,929 shares, respectively	$ 328,248	$ 442,762
Intl. Growth Portfolio, 15,227 and 3,220 shares, respectively	283,218	40,257
Large Co. Value Portfolio, 1,012 and 4,009 shares, respectively	70,740	245,858
Overseas Equity Portfolio, 3,856 and 9,787 shares, respectively	155,059	321,077
Small Co. Value Portfolio, 9,174 and 9,174 shares, respectively	242,309	242,309
Small Co. Growth, 6,566 and 1,996 shares, respectively	606,433	117,432
Strategic Balanced Portfolio, 4,490 and 6,323 shares, respectively	195,069	205,636
Stragetic Growth Portfolio, 17,503 and 9,049 shares, respectively	282,322	105,122
Common stock		
Eaton Vance Tax Adv. Glbl., 21,600 shares	296,568	-
Certificates of deposit		
Texas Capital Bank, matures 2/5/09	-	240,079
Community South Bank, matures 2/5/09	-	240,098
GE Money Bank, matures 2/6/09	-	240,406

5. GUARANTEED INVESTMENT CONTRACT

The Plan includes a benefit-responsive investment contract with UBS Fiduciary Trust Company (The Trust). The Trust maintains the contributions in a pooled account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As noted above, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by The Trust, represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was $328,248 and $442,777, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but it may not be less than 4%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with The Trust. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants is probable.

The guaranteed investment contract does not permit termination of the agreement prior to the scheduled maturity date.

	2009	2008
Average yields:		
Based on actual earnings	0.62%	4.01%
Based on interest rate credited to participants	0.57%	3.94%

6. RECEIVABLES

A summary of the Plan's receivables at December 31, 2009 and 2008 are as follows:

	2009	2008
401(K) Receivables - employee	$ 4,570	$ 4,750
401(K) Receivables - employer	-	140
Accrued interest	2,483	3,292
TOTAL RECEIVABLES	$ 7,053	$ 8,182

7. PARTICIPANT LOANS

A summary of participant loans due to the plan at December 31, 2009 and 2008 are as follows:

	2009	2008
Loans to participants	$ 143,175	$ 127,325

8. LIABILITY FOR EXCESS EMPLOYER CONTRIBUTIONS

During the plan year ended December 31, 2008, the plan sponsor over contributed its employer matching contributions by $4,432. The excess contribution for the year will be used to reduce future employer contributions. A summary of liability for excess employer contributions due from the plan at December 31, 2009 and 2008 are as follows:

	2009	2008
Liability for excess employer contributions	$ 2,981	$ 4,432

9. RELATED PARTY TRANSACTIONS

The following related parties conducted transactions with the Plan during the years ended December 31, 2009 and 2008:

Charles H. Patterson, chairman and majority shareholder of Chuck Patterson, Inc., is a co-administrator and a participant in the Plan. Total payments to Charles H. Patterson for 2009 and 2008 were $27,223 and $44,315, respectively.

Sharon L. Patterson, director of Chuck Patterson, Inc., is a participant in the Plan. Total payments to Sharon L. Patterson for 2009 and 2008 were $2,070 and $3,184, respectively.

Michael Q. Patterson, chief operating officer and director of Chuck Patterson, Inc., is a participant in the Plan. During 2009 and 2008, no payments were made to Michael Q. Patterson.

Patrick C. Patterson, officer and director of Chuck Patterson, Inc., is a co-administrator and participant in the Plan. For 2009 Patrick C. Patterson received no payments. Total payments to Patrick C. Patterson for 2008 were $4,208.

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions under ERISA.

11. TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by letter dated March 31, 2008 that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC.

12. RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – ASSETS (HELD AT THE END OF THE YEAR)
Year Ended December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Discription of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Annaly Capital Management Inc	2,000 shares of common stock	$ 35,739	$ 34,700
	Capital Protected Notes on S&P 500	15,000 shares of common stock	152,366	151,425
	Conocophillips	324 shares of common stock	15,157	16,547
	Du Pont EI de Nemours & Co	3,675 shares of common stock	117,527	123,737
	Eaton Vance Tax Adv. Glbl. Div.	21,600 shares of common stock	266,104	296,568
	Eaton Vance Tax Mgd. Div. Equ. Fd	9,850 shares of common stock	125,507	121,451
	Gabelli Div. & Incm. Tr.	6,300 shares of common stock	73,278	82,593
	General Electric Co	3,640 shares of common stock	52,228	55,073
	GlaxoSmithKline Plc. Ads.	386 shares of common stock	15,193	16,309
	H&Q Hlthcare. Fd. SBI	14,000 shares of common stock	150,770	165,900
	Ishares DJ US Util. Sect.	360 shares of common stock	25,330	26,924
	Ishares S&P Glbl. Telecomm Sctr.	799 shares of common stock	42,125	43,689
	Johnson & Johnson	1,750 shares of common stock	106,472	112,718
	Medtronic Inc.	1,096 shares of common stock	41,999	48,202
	Novartis Ag. Adr.	880 shares of common stock	41,954	47,898
	Pfizer Inc	2,537 shares of common stock	41,145	46,148
	Proctor & Gamble	565 shares of common stock	31,142	34,256
	Stryker Corp	909 shares of common stock	42,002	45,786
	SUBTOTAL		1,376,038	1,469,924

The accompanying auditors' report and notes are an integral part of the financial statements.

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – ASSETS (HELD AT THE END OF THE YEAR)
Year Ended December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Discription of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	BALANCE CARRYFORWARD		1,376,038	1,469,924
	Franklin Templeton China World A	3,174 shares of common stock	101,320	108,425
	Balance Portfiolio	154 shares of common stock	6,797	7,607
	Fixed Income Index Portfolio	448 shares of common stock	7,653	8,360
	Fundamental Value Portfolio	111 shares of common stock	4,229	6,156
	GIC Portfolio	9,511 shares of common stock	326,386	328,248
	Growth/Value Portfolio	978 shares of common stock	38,531	47,325
	International Growth Portfolio	16,227 shares of common stock	252,003	283,206
	Large Co. Value Portfolio	1,012 shares of common stock	77,291	70,719
	Mid-Cap Fundamental Value Portfolio	2,972 shares of common stock	24,897	30,870
	Mid-Cap Growth Portfolio	1,547 shares of common stock	14,859	17,086
	Overseas Equity Portfolio	3,855 shares of common stock	148,920	155,029
	S&P 500 Index Portfolio	1,088 shares of common stock	15,928	16,669
	Small Co. Growth Portfolio	6,566 shares of common stock	517,542	606,434
	Small Co. Value Portfolio	2,335 shares of common stock	67,242	78,851
	Strategic Balanced Portfolio	4,490 shares of common stock	159,520	195,043
	Strategic Growth Portfolio	17,503 shares of common stock	255,881	282,318
	Total Return REIT Portfolio	2,473 shares of common stock	51,486	51,434
	Participant Loans	6.50% - 10.0% interest	-	143,175
	TOTAL		3,446,523	3,906,879

Note: column (a) is blank as there are no parties-in-interest.

The accompanying auditors' report and notes are
an integral part of the financial statements.

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – ASSETS (ACQUIRED AND DISPOSED WITHIN YEAR)
Year Ended December 31, 2009

(a) Identity of issue, borrower, lessor, or similar party	(b) Discription of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisition	(d) Proceeds of dispositions
Caterpillar Inc	1,290 shares of common stock	$ 40,902	$ 29,038
Altria Group Inc	4,200 shares of common stock	69,804	61,535
CA Antic Note-A BE	$200,000 in municipal bonds, maturity date 6/22/09, interest rate 5.50%	201,747	201,916
Beckman Coulter Inc	50 shares of common stock	2,650	2,705
S. Orange Fing BE	$380,000 in municipal bonds, maturity date 8/15/10, interest rate 6.50%	396,389	396,690
LA USD Cops-A	110,000 in municipal bonds, maturity date 10/1/12, interest rate 5.00%	115,692	115,859
Poway Redev	$250,000 in municipal bonds, maturity date 6/15/10, interest rate 3.50%	251,008	251,325
LA Co. Pub. Wks. BE	$195,000 in municipal bonds, maturity date 12/1/09, interest rate 5.00%	195,702	196,098
Colton USD - C	$125,000 in municipal bonds, maturity date 2/1/12, interest rate 4.00%	129,430	129,384
Palmdale S/D	10/1/11, interest rate 3.75%	25,508	25,653
San Josc R/A	$105,000 in bonds, maturity date interest rate 6.00%	110,323	110,779
Alameda Cops-A	$75,000 in municipal bonds, maturity date 12/1/11, interest rate 4.25%	77,387	77,593
Fontana PFA	$65,000 in municipal bonds, maturity date 9/1/11, interest rate 4.50%	66,655	67,282
Oakland Pwrs.	$40,000 in municipal bonds, maturity date 10/1/11, interest rate 5.50%	42,168	41,713
Marysville Hosp. Rev.	$25,000 in municipal bonds, maturity date 1/1/11, interest rate 5.25%	25,519	25,437

The accompanying auditors' report and notes are an integral part of the financial statements.

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – ASSETS (ACQUIRED AND DISPOSED WITHIN YEAR)
Year Ended December 31, 2009

(a) Identity of issue, borrower, lessor, or similar party	(b) Discription of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisition	(d) Proceeds of dispositions
Caterpillar Inc	1,290 shares of common stock	$ 40,902	$ 29,038
Altria Group Inc	4,200 shares of common stock	69,804	61,535
CA Antic Note-A BE	$200,000 in municipal bonds, maturity date 6/22/09, interest rate 5.50%	201,747	201,916
Beckman Coulter Inc	50 shares of common stock	2,650	2,705
S. Orange Fing BE	$380,000 in municipal bonds, maturity date 8/15/10, interest rate 6.50%	396,389	396,690
LA USD Cops-A	110,000 in municipal bonds, maturity date 10/1/12, interest rate 5.00%	115,692	115,859
Poway Redev	$250,000 in municipal bonds, maturity date 6/15/10, interest rate 3.50%	251,008	251,325
LA Co. Pub. Wks. BE	$195,000 in municipal bonds, maturity date 12/1/09, interest rate 5.00%	195,702	196,098
Colton USD - C	$125,000 in municipal bonds, maturity date 2/1/12, interest rate 4.00%	129,430	129,384
Palmdale S/D	10/1/11, interest rate 3.75%	25,508	25,653
San Jose R/A	$105,000 in bonds, maturity date interest rate 6.00%	110,323	110,779
Alameda Cops-A	$75,000 in municipal bonds, maturity date 12/1/11, interest rate 4.25%	77,387	77,593
Fontana PFA	$65,000 in municipal bonds, maturity date 9/1/11, interest rate 4.50%	66,655	67,282
Oakland Pwrs.	$40,000 in municipal bonds, maturity date 10/1/11, interest rate 5.50%	42,168	41,713
Marysville Hosp. Rev.	$25,000 in municipal bonds, maturity date 1/1/11, interest rate 5.25%	25,519	25,437

The accompanying auditors' report and notes are an integral part of the financial statements.

CHUCK PATTERSON, INC.
401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – ASSETS (ACQUIRED AND DISPOSED WITHIN YEAR)
Year Ended December 31, 2009

(a) Identity of issue, borrower, lessor, or similar party	(b) Discription of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisition	(d) Proceeds of dispositions
AT&T Inc.	1,575 shares of common stock	41,989	41,547
Home Depot Ine	552 shares of common stock	15,246	15,207
Bank of America Corp	889 shares of common stock	15,229	14,313
The Financial Sel. Eect. Spdr. Fd.	2906 shares of common stock	41,261	42,281
Kraft Foods Inc. Cl. A	580 shares of common stock	15,258	15,364
Citigroup	8,560 shares of common stock	29,524	34,410
S&P 500 Index	9,314 shares of common stock	116,787	126,018
Growth & Value Portfolio	250 shares of common stock	9,507	9,483
GIC Portfolio	13,271 shares of common stock	446,591	452,125
Mid-Cap Fundamental Value	2,120 shares of common stock	16,586	17,501
Aggressive Mid-Cap Growth	240 shares of common stock	14,738	20,769
International Growth Portfolio	1,271 shares of common stock	17,362	22,200

The accompanying auditors' report and notes are
an integral part of the financial statements.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN **EIN:** 94-2644759
Plan Sponsor's Name CHUCK PATTERSON, INC. **PN:** 001

(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
	ANNALY CAPITAL MANAGEMENT INC.	2,000 SHARES	35,739	34,700
	CAPITAL PROTECTED NOTES ON S & P 50	15,000 SHARES	152,366	151,425
	CONOCOPHILLIPS	324 SHARES	15,157	16,547
	DU PONT EL DE NEMOURS & CO.	3675 SHARES	117,527	123,737
	EATON VANCE TAX ADV. GLBL. DIV.	21,600 SHARES	266,104	296,568
	EATON VANCE TAX MGD. DIV. EQU. FD	9,850 SHARES	125,507	121,451
	GABELLI DIV. & INCM. TR.	6,300 SHARES	73,278	82,593

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	GENERAL ELECTRIC CO.	3,640 SHARES	52,228	55,073
	GLAXOSMITHKLINE PLC. ADS.	386 SHARES	15,193	16,309
	H & Q HLTHCARE. FD. SBI	14.000 SHARES	150,770	165,900
	ISHARES DJ US UTIL. SECT.	360 SHARES	25,330	26,924
	ISHARES S & P GLBL. TELECOMM SCTR.	799 SHARES	42,125	43,689
	JOHNSON & JOHNSON	1,750 SHARES	106,472	112,718
	MEDTRONIC INC.	1,096 SHARES	41,999	48,202

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	NOVARTIS AG. ADR.	880 SHARES	41,954	47,898
	PFIZER, INC.	2,537 SHARES	41,145	46,148
	PROCTOR & GAMBLE	565 SHARES	31,142	34,526
	STRYKER CORP.	909 SHARES	42,002	45,786
	FRANKLIN TEMPLETON CHINA WORLD A	3,174 SHARES	101,320	108,425
	BALANCE PORTFOLIO	154 SHARES	6,797	7,607
	FIXED INCOME INDEX PORTFOLIO	448 SHARES	7,653	8,360

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	FUNDAMENTAL VALUE PORTFOLIO	111 SHARES	4,229	6,156
	GIC PORTFOLIO	9,511 SHARES	326,386	328,248
	GROWTH/VALUE PORTFOLIO	978 SHARES	38,531	47,325
	INTERNATIONAL GROWTH PORTFOLIO	10,227 SHARES	252,003	283,206
	LARGE CO. VALUE PORTFOLIO	1,012 SHARES	77,291	70,719
	MID-CAP FUNDAMENTAL VALUE PORTFOLIO	2,972 SHARES	24,897	30,870
	MID-CAP GROWTH PORTFOLIO	1,547 SHARES	14,859	17,086

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	OVERSEAS EQUITY PORTFOLIO	3,855 SHARES	148,920	155,029
	S & P 500 INDEX PORTFOLIO	1,088 SHARES	15,928	16,669
	SMALL CO. GROWTH PORTFOLIO	6,566 SHARES	517,542	606,434
	SMALL CO. VALUE PORTFOLIO	2,335 SHARES	67,242	78,851
	STRATEGIC BALANCED PORTFOLIO	4,490 SHARES	159,520	195,043
	STRATEGIC GROWTH PORTFOLIO	17,503 SHARES	255,881	282,318
	TOTAL RETURN REIT PORTFOLIO	2,473 SHARES	51,486	51,434

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	CATERPILLAR INC.	1,290 SHARES	40,902	29,038
	ALTRIA GROUP INC.	4,200 SHARES	69,804	61,535
	CA ANTIC NOTE-A BE	$200,000 IN MUNICIPAL BONDS, MATURITY DATE 06/22/09, INTEREST R	201,747	201,916
	BECKMAN COULTER INC.	50 SHARES	2,650	2,705
	S. ORANGE FING BE	$380,000 IN MUNICIPAL BONDS, MATURITY DATE 8/15/10, INTEREST R	396,389	396,690
	LA USD COPS-A	$110,000 IN MUNICIPAL BONDS, MATURITY DATE 10/1/12, INTEREST R	115,692	115,859
	POWAY REDEV	$250,000 IN MUNICIPAL BONDS, MATURITY DATE 6/15/10, INTEREST R	251,008	251,325

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	LA CO. PUB WKS. BE	$195,000 IN MUNICIPAL BONDS, MATURITY DATE 12/1/09, INTEREST R	195,702	196,098
	COLTON USD - C	$125,000 IN MUNICIPAL BONDS, MATURITY DATE 2/1/12, INTEREST R	129,430	129,384
	PALMDALE S/D	10/1/11, INTEREST RATE 3.75%	25,508	25,653
	SAN JOSE R/A	$105,000 IN BONDS, MATURITY DATE, INTEREST RATE 6.00%	110,323	110,779
	ALAMEDA COPS - A	$75,000 IN MUNICIPAL BONDS, MATURITY DATE 12/1/11, INTEREST R	77,387	77,593
	FONTANA PFA	$65,000 IN MUNICIPAL BONDS, MATURITY DATE 9/1/11, INTEREST RA	66,655	67,282
	OAKLAND PWRS.	$40,000 IN MUNICIPAL BONDS, MATURITY DATE 10/1/11, INTEREST R	42,168	41,713

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	MARYSVILLE HOSP. REV.	$25,000 IN MUNICIPAL BONDS, MATURITY DATE 1/1/11, INTEREST RA	25,519	25,437
	AT & T INC.	1,575 SHARES	41,989	41,547
	HOME DEPOT INC.	552 SHARES	15,246	15,207
	BANK OF AMERICA CORP	889 SHARES	15,229	14,313
	THE FINANCIAL SEL. EECT. SPDR FD.	2,900 SHARES	41,261	42,281
	KRAFT FOODS INC. CL. A	580 SHARES	15,258	15,634
	CITIGROUP	8,560 SHARES	29,524	34,410

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	S & P 500 INDEX	9,314 SHARES	116,787	126,018
	GROWTH & VALUE PORTFOLIO	250 SHARES	9,507	9,483
	GIC PORTFOLIO	13,271 SHARES	446,591	452,125
	MID-CAP FUNDAMENTAL VALUE	2,120 SHARES	16,586	17,501
	AGGRESSIVE MID-CAP GROWTH	240 SHARES	14,738	20,769
	INTERNATIONAL GROWTH PORTFOLIO	1,271 SHARES	17,362	22,200