

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                              |
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| 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: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                                |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input checked="" type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                    |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                        |

|         |                                                                                                                                                                                                                                                     |                                                                                                                                                         |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                              |                                                                                                                                                         |
| 1a      | Name of plan<br>ECP 401(K) PLAN                                                                                                                                                                                                                     | 1b Three-digit plan number (PN) ▶ 001                                                                                                                   |
|         |                                                                                                                                                                                                                                                     | 1c Effective date of plan<br>07/01/2004                                                                                                                 |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>EASLEY CUSTOM PLASTICS, INC.<br><br>2930 GREENVILLE HIGHWAY<br>EASLEY, SC 29641<br><br>P.O. BOX 2369<br>EASLEY, SC 29641 | 2b Employer Identification Number (EIN)<br>20-0818185<br>2c Sponsor's telephone number<br>864-850-8020<br>2d Business code (see instructions)<br>326100 |

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. | 10/19/2010 | RITA GAILLARD                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/19/2010 | MARQUE KILPATRICK                                            |
|           | 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                      |

|                                                                                                                                                                            |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>EASLEY CUSTOM PLASTICS, INC.<br><br>2930 GREENVILLE HIGHWAY<br>EASLEY, SC 29641 | <b>3b</b> Administrator's EIN<br>20-0818185<br><br><b>3c</b> Administrator's telephone number<br>864-850-8020 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

  

|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

  

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 192 |
|-------------------------------------------------------------------------|----------|-----|

  

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 161 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 10  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 171 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 171 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 94  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 4   |

  

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

  

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

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                           |                                                                         |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>ECP 401(K) PLAN</div>                                                      | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
|                                                                                                           |                                                                         |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>EASLEY CUSTOM PLASTICS, INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>20-0818185</div> |

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 |
| FID INV INST OPS CO                                                                                        |
| 04-2647786                                                                                                 |

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 64 37 65 60                   | RECORDKEEPER                                                                                             | 4628                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| BARON ASSET FUND - DST SYSTEMS, INC<br><br>43-1581814               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIMCO TOT RETURN ADM - BOSTON FINAN<br><br>04-2526037               | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TMPL FOREIGN SM CO A - FRANKLIN TEM<br><br>94-3167260               | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WFA MIDCP DSCPLD INV - BOSTON FINAN<br><br>04-2526037               | 0.35%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                               |                                                                 |     |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009    |                                                                 |     |
| <b>A</b> Name of plan<br>ECP 401(K) PLAN                                                      | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
|                                                                                               |                                                                 |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>EASLEY CUSTOM PLASTICS, INC. | <b>D</b> Employer Identification Number (EIN)<br><br>20-0818185 |     |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 615497                | 659048          |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 152434                | 171451          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 2190278               | 2404120         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2958209               | 3234619         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2958209 | 3234619 |
|-----------------------------------------------------------|-----------|---------|---------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 20169      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 147168     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 167337    |

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

|                                                                                                      |                 |      |       |
|------------------------------------------------------------------------------------------------------|-----------------|------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 4228 |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |      |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |      |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |      |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 8107 |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |      |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |      | 12335 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |       |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 58457 |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |       | 58457 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |  |
|-------------------------------------------------------------------------------------------|-----------------|--|--|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  |  |

|                                                                                                          |                 | (a) Amount | (b) Total |
|----------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....              | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 434803    |
| <b>c</b> Other income.....                                                                               | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....                  | <b>2d</b>       |            | 672932    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....     | <b>2e(1)</b> | 390055 |        |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                       | <b>2e(2)</b> |        |        |
| <b>(3)</b> Other .....                                                                     | <b>2e(3)</b> |        |        |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....         | <b>2e(4)</b> |        | 390055 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 1050   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                       | <b>2i(1)</b> |        |        |
| <b>(2)</b> Contract administrator fees .....                                               | <b>2i(2)</b> |        |        |
| <b>(3)</b> Investment advisory and management fees .....                                   | <b>2i(3)</b> | 783    |        |
| <b>(4)</b> Other .....                                                                     | <b>2i(4)</b> | 4634   |        |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....  | <b>2i(5)</b> |        | 5417   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 396522 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 276410 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| <b>(1)</b> To this plan.....                                                  | <b>2l(1)</b> |  |        |
| <b>(2)</b> From this plan .....                                               | <b>2l(2)</b> |  |        |

**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: CHERRY, BEKAERT, AND HOLLAND, LLP

**(2)** EIN: 56-0574444

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         |     | X  |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                                                                                                        |     | 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>ECP 401(K) PLAN                                                      | <b>B</b> Three-digit plan number (PN) ▶<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>EASLEY CUSTOM PLASTICS, INC. | <b>D</b> Employer Identification Number (EIN)<br>20-0818185 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                         |          |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                   | <b>1</b> | 0 |
| <b>2</b> 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):<br>EIN(s): 04-6568107 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                        |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                         | <b>3</b> |   |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**ECP 401(k) Plan**

Financial Statements and Supplemental Schedule

For the Years Ended  
December 31, 2009 and 2008

## **ECP 401(k) Plan**

### **Table of Contents**

|                                                                                                            | <u>Page</u> |
|------------------------------------------------------------------------------------------------------------|-------------|
| <b>Report of Independent Auditors .....</b>                                                                | <b>2</b>    |
| <b>Financial Statements:</b>                                                                               |             |
| Statements of Net Assets Available for Benefits .....                                                      | 3           |
| Statements of Changes in Net Assets Available for Benefits .....                                           | 4           |
| <b>Notes to Financial Statements .....</b>                                                                 | <b>5-11</b> |
| <b>Supplemental Schedule:</b>                                                                              |             |
| Form 5500 Schedule H, Part IV, Line 4i-Schedule of Assets (Held at End of Year)<br>December 31, 2009 ..... | 12          |



## Report of Independent Auditors

The 401(k) Plan Committee  
ECP 401(k) Plan  
Easley, South Carolina

We were engaged to audit the financial statements and supplemental schedule of ECP 401(k) Plan (the "Plan") as of and for the years ended December 31, 2009 and 2008, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, 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 certifications from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and 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.

*Cherry, Bekaert & Holland, LLP*

Greenville, South Carolina  
August 6, 2010

# **ECP 401(k) Plan**

## Statements of Net Assets Available for Benefits December 31, 2009 and 2008

|                                          | <u>2009</u>         | <u>2008</u>         |
|------------------------------------------|---------------------|---------------------|
| <b>Assets:</b>                           |                     |                     |
| Investments, at fair value:              |                     |                     |
| Interest-bearing cash                    | \$ 659,048          | \$ 615,497          |
| Mutual funds                             | 2,404,120           | 2,190,278           |
| Participant loans                        | 172,185             | 153,168             |
| Total investments                        | <u>3,235,353</u>    | <u>2,958,943</u>    |
| Receivables:                             |                     |                     |
| Participant contributions                | -                   | 2,027               |
| Employer contributions                   | -                   | 896                 |
| Total contributions receivable           | <u>-</u>            | <u>2,923</u>        |
| Total assets                             | <u>3,235,353</u>    | <u>2,961,866</u>    |
| <b>Liabilities:</b>                      |                     |                     |
| Refunds payable to participants          | 1,704               | 10,179              |
| <b>Net assets available for benefits</b> | <u>\$ 3,233,649</u> | <u>\$ 2,951,687</u> |

See notes to financial statements.

## ECP 401(k) Plan

### Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2009 and 2008

|                                                              | <u>2009</u>         | <u>2008</u>         |
|--------------------------------------------------------------|---------------------|---------------------|
| <b>Additions to net assets attributed to:</b>                |                     |                     |
| Investment income (loss):                                    |                     |                     |
| Interest on interest-bearing cash accounts                   | \$ 4,228            | \$ 15,342           |
| Interest and dividends on mutual funds                       | 58,457              | 116,752             |
| Net appreciation (depreciation) in fair value of investments | 434,803             | (1,143,925)         |
| Interest on participant loans                                | 8,107               | 7,910               |
| Net investment income (loss)                                 | <u>505,595</u>      | <u>(1,003,921)</u>  |
| Contributions:                                               |                     |                     |
| Participant                                                  | 143,437             | 226,385             |
| Employer                                                     | 19,273              | 95,353              |
|                                                              | <u>162,710</u>      | <u>321,738</u>      |
| Total                                                        | <u>668,305</u>      | <u>(682,183)</u>    |
| <b>Deductions from net assets attributed to:</b>             |                     |                     |
| Benefits paid to participants                                | 380,926             | 156,729             |
| Administrative expenses                                      | 5,417               | 4,625               |
| Total                                                        | <u>386,343</u>      | <u>161,354</u>      |
| Net increase (decrease)                                      | 281,962             | (843,537)           |
| <b>Net assets available for benefits:</b>                    |                     |                     |
| Beginning of year                                            | 2,951,687           | 3,795,224           |
| End of year                                                  | <u>\$ 3,233,649</u> | <u>\$ 2,951,687</u> |

See notes to financial statements.

## ECP 401(k) Plan

Notes to Financial Statements  
December 31, 2009 and 2008

### Note 1 – Description of plan

The following brief description of the ECP 401(k) Plan (the “Plan”) is provided for general information purposes only. 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 employees of Easley Custom Plastics, Inc. (the “Company”) who have completed six months of service and attained age eighteen. The Plan was adopted July 1, 2004. Those individuals employed as of the adoption date are eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

*Contributions* - Each year, participants may contribute up to an annual limit of the lesser of 60 percent of eligible compensation or the annual deferral limit as adjusted by the Internal Revenue Service. 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 defined contributions plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan offers various mutual funds and an interest bearing money market fund as investment options for participants. For the first quarter of 2009 and the year ended December 31, 2008, the Company contributed non-discretionary matching contributions in an amount equal to fifty percent of employee pretax contributions. The non-discretionary matching contributions were subject to a maximum of six percent of eligible employee compensation contributed to the Plan. As of April 2009, the Company amended the non-discretionary matching contributions to be discretionary matching contributions. For the remainder of the 2009 plan year, the discretionary match was zero. Participants become eligible to receive Company contributions after completing six months of service, as defined in the Plan. Contributions are subject to certain limitations.

*Participant accounts* - Each participant's account is credited with (a) the participant's contributions, (b) the Company's contributions, and (c) an allocation of the Plan's earnings (losses). Each participant's account is charged with an allocation of the Plan's expenses. Allocations of Plan earnings and administrative expenses 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 vested immediately in their voluntary contributions to the Plan plus investment earnings thereon. Vesting in the Company's contributions of their account plus actual earnings thereon is based on years of continuous service. A participant is thirty-three percent vested after one year of service, an additional thirty-four percent vested after two years of service and one hundred percent vested after three years of credited service.

## ECP 401(k) Plan

Notes to Financial Statements  
December 31, 2009 and 2008

### Note 1 – Description of plan, continued

*Participant loans* - Participants may borrow from their plan accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50 percent of their vested balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.0 percent to 5.25 percent as of December 31, 2009. All loans bear a reasonable rate of interest based on prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.

*Payment of benefits* - Upon 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 installment payments over a specified period of time. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

*Forfeitures* - At December 31, 2009 and 2008, forfeited non-vested accounts totaled \$4,848 and \$105, respectively. These accounts will first be used to reduce the Plan's administrative expenses and then to reduce future Company matching contributions. During the years ended December 31, 2009 and 2008, administrative expenses were reduced by approximately \$2,500 and \$1,600, respectively.

### Note 2 – Summary of accounting policies and activities

*Basis of accounting* - The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America using the accrual basis of accounting.

*Use of estimates* - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator and the Company to make estimates that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from these estimates.

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

*Administrative fees* - Plan administrative expenses may be paid by the Plan unless paid by the Company.

*Payment of benefits* - Benefits are recorded when paid.

*Risks and uncertainties* - The Plan invests in various investment securities which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of 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.

## ECP 401(k) Plan

Notes to Financial Statements  
December 31, 2009 and 2008

### Note 2 – Summary of accounting policies and activities, continued

*Fair value measurements* - The Plan follows the Fair Value Measurements topic of the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification which defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2009 and 2008.

*Interest-bearing cash* - These investments are generally short-term money market funds and public investment vehicles valued using \$1 for the Net Asset Value (“NAV”). The money market funds are classified within level 2 of the valuation hierarchy.

*Mutual funds* - These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

*Participant loans* - Loans to plan participants are valued at cost plus accrued interest, which approximates fair value and are classified within level 3 of the valuation hierarchy.

## ECP 401(k) Plan

### Notes to Financial Statements December 31, 2009 and 2008

#### Note 2 – Summary of accounting policies and activities, continued

*Subsequent events* - In preparing these financial statements, we have evaluated events and transactions for potential recognition or disclosure through August 6, 2010, the date the financial statements were available to be issued.

*Reclassifications* - Certain reclassifications have been made to the 2008 financial statement presentation to correspond to the current year's format. Total net assets available for benefits and changes in net assets available for benefits are unchanged due to these reclassifications.

#### Note 3 – Information prepared and certified by the trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Fidelity Management Trust Company ("FMTC"), the trustee of the Plan, as complete and accurate, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule.

|                                            | December 31,        |                       |
|--------------------------------------------|---------------------|-----------------------|
|                                            | 2009                | 2008                  |
| Investments, at fair value:                |                     |                       |
| Interest-bearing cash                      | \$ 659,048          | \$ 615,497            |
| Mutual funds                               | 2,404,120           | 2,190,278             |
| Participant loans                          | 171,451             | 152,434               |
|                                            | <u>\$ 3,234,619</u> | <u>\$ 2,958,209</u>   |
| Investment income (loss):                  |                     |                       |
| Interest on interest-bearing cash accounts | \$ 4,228            | \$ 15,342             |
| Interest and dividends on mutual funds     | 58,457              | 116,752               |
| Net investment income (loss)               | 434,803             | (1,143,925)           |
| Interest on participant loans              | 8,107               | 7,910                 |
| Total                                      | <u>\$ 505,595</u>   | <u>\$ (1,003,921)</u> |

The Plan's investments that represent five percent or more of the Plan's net assets available for benefits are as follows:

|                                       | December 31, |            |
|---------------------------------------|--------------|------------|
|                                       | 2009         | 2008       |
| Baron Asset Fund                      | \$ *         | \$ 155,889 |
| Fidelity Dividend Growth Fund         | 320,666      | 236,195    |
| Fidelity Equity Income Fund           | 423,233      | 327,917    |
| Fidelity Investment Growth Bond Fund  | 471,949      | 449,939    |
| Fidelity Puritan Fund                 | 253,438      | 230,109    |
| Fidelity Retirement Money Market Fund | 659,048      | 615,497    |

\* Investment was not in excess of 5% of the Plan's net assets available for benefits.

## ECP 401(k) Plan

Notes to Financial Statements  
December 31, 2009 and 2008

### Note 4 – Fair value of financial investments, carried at fair value

See “Fair value measurements” in Note 2 above for discussions of the methodologies and assumptions used to determine the fair value of the Plan’s investments.

Below are the Plan’s financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels described in Note 2.

| As of December 31, 2009 |                                                                               |                                                  |                                                    |                     |
|-------------------------|-------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|---------------------|
|                         | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Total Fair<br>Value |
| <b>Assets:</b>          |                                                                               |                                                  |                                                    |                     |
| Interest-bearing cash   | \$ -                                                                          | \$ 659,048                                       | \$ -                                               | \$ 659,048          |
| Mutual funds            | 2,404,120                                                                     | -                                                | -                                                  | 2,404,120           |
| Participant loans       | -                                                                             | -                                                | 172,185                                            | 172,185             |
| Total assets            | <u>\$ 2,404,120</u>                                                           | <u>\$ 659,048</u>                                | <u>\$ 172,185</u>                                  | <u>\$ 3,235,353</u> |

| As of December 31, 2008 |                                                                               |                                                  |                                                    |                     |
|-------------------------|-------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|---------------------|
|                         | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Total Fair<br>Value |
| <b>Assets:</b>          |                                                                               |                                                  |                                                    |                     |
| Interest-bearing cash   | \$ -                                                                          | \$ 615,497                                       | \$ -                                               | \$ 615,497          |
| Mutual funds            | 2,190,278                                                                     | -                                                | -                                                  | 2,190,278           |
| Participant loans       | -                                                                             | -                                                | 153,168                                            | 153,168             |
| Total assets            | <u>\$ 2,190,278</u>                                                           | <u>\$ 615,497</u>                                | <u>\$ 153,168</u>                                  | <u>\$ 2,958,943</u> |

The table below sets forth a summary of changes in the fair value of the Plan’s level 3 investment assets and liabilities for the year ended December 31, 2009:

| As of December 31, 2009 |                         |                                                                   |                      |
|-------------------------|-------------------------|-------------------------------------------------------------------|----------------------|
|                         | Beginning<br>Fair Value | Sales,<br>Issuances,<br>Maturities,<br>Settlements,<br>Calls, Net | Ending Fair<br>Value |
| Participant loans       | \$ 153,168              | \$ 19,017                                                         | \$ 172,185           |
| Total                   | <u>\$ 153,168</u>       | <u>\$ 19,017</u>                                                  | <u>\$ 172,185</u>    |

## ECP 401(k) Plan

Notes to Financial Statements  
December 31, 2009 and 2008

### Note 4 – Fair value of financial investments, carried at fair value, continued

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

|                   | As of December 31, 2008 |                                                                   |                      |
|-------------------|-------------------------|-------------------------------------------------------------------|----------------------|
|                   | Beginning<br>Fair Value | Sales,<br>Issuances,<br>Maturities,<br>Settlements,<br>Calls, Net | Ending Fair<br>Value |
| Participant loans | \$ 139,749              | \$ 13,419                                                         | \$ 153,168           |
| Total             | \$ 139,749              | \$ 13,419                                                         | \$ 153,168           |

### Note 5 – Party-in-interest transactions

Certain administrative functions are performed by the officers and employees of the Company (who may also be participants in the Plan) at no cost to the Plan. Those transactions are not deemed prohibited party-in-interest transactions, because they are covered by statutory or administrative exemptions from the Internal Revenue Code ("IRC") and ERISA's rules on prohibited transactions. Certain Plan investments are shares of mutual funds managed by FMTC. FMTC is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services were \$4,628 and \$4,625 for the years ended December 31, 2009 and 2008, respectively.

### Note 6 – Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, each participant would become fully vested in his or her Company contributions.

### Note 7 – Tax status

The Plan is an adoption of a Prototype Non-Standardized 401(k) Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service ("IRS") on March 31, 2008, in which the IRS stated that the Prototype Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has since been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is being operated in compliance with applicable requirements of the IRC and has no income subject to unrelated business income tax and therefore, the Plan and related trust continue to be tax-exempt.

## ECP 401(k) Plan

### Notes to Financial Statements December 31, 2009 and 2008

#### Note 8 – Reconciliation of financial statements to Form 5500

The Form 5500 was prepared on a cash basis for the 2009 and 2008 Plan year. The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2009 and 2008:

|                                                                | <u>2009</u>         | <u>2008</u>         |
|----------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 3,233,649        | \$ 2,951,687        |
| Less: Participant contributions receivable                     | -                   | (2,027)             |
| Less: Employer contributions receivable                        | -                   | (896)               |
| Less: Current year deemed distribution loans                   | -                   | (734)               |
| Less: Prior year deemed distribution loans                     | (734)               | -                   |
| Add: Excess contributions payable                              | 1,704               | 10,179              |
| Net assets available for benefits per the Form 5500            | <u>\$ 3,234,619</u> | <u>\$ 2,958,209</u> |

The following is a reconciliation of changes in net assets available for benefits per the financial statements to net (loss) income per the Form 5500 for the years ended December 31, 2009 and 2008:

|                                                                           | <u>2009</u>       | <u>2008</u>         |
|---------------------------------------------------------------------------|-------------------|---------------------|
| Changes in net assets available for benefits per the financial statements | \$ 281,962        | \$ (843,537)        |
| Add: Prior year contributions receivable                                  | 2,923             | -                   |
| Less: Current year contributions receivable                               | -                 | (2,923)             |
| Less: Current year deemed distributions of participant loans              | -                 | (734)               |
| Less: Prior year excess contributions payable                             | (10,179)          | -                   |
| Add: Current year excess contributions payable                            | 1,704             | 10,179              |
| Net income (loss) per the Form 5500                                       | <u>\$ 276,410</u> | <u>\$ (837,015)</u> |

# ECP 401(k) Plan

Schedule of Assets (Held at End of Year)

December 31, 2009

Form 5500 Schedule H, Part IV, Line 4i

EIN: 20-0818185

Plan Number: 001

| (a)<br>Party in<br>Interest | (b)<br>Identity of<br>Party Involved              | (c)<br>Description of Investment             | (d)<br>Cost | (e)<br>Current Value    |
|-----------------------------|---------------------------------------------------|----------------------------------------------|-------------|-------------------------|
|                             | <b>Interest-bearing cash</b>                      |                                              |             |                         |
| *                           | Fidelity Retirement Money Market Fund             | 659,048.130 shares                           | ** \$       | 659,048                 |
|                             | <b>Mutual funds</b>                               |                                              |             |                         |
|                             | Baron Asset Fund                                  | 2,430.085 shares                             | **          | 112,294                 |
| *                           | Fidelity Dividend Growth Fund                     | 13,547.348 shares                            | **          | 320,666                 |
| *                           | Fidelity Diversified International                | 3,819.031 shares                             | **          | 106,933                 |
| *                           | Fidelity Equity Income Fund                       | 10,813.311 shares                            | **          | 423,233                 |
| *                           | Fidelity Freedom 2000                             | 1,829.416 shares                             | **          | 20,764                  |
| *                           | Fidelity Freedom 2005                             | 0.030 shares                                 | **          | 1                       |
| *                           | Fidelity Freedom 2010                             | 1,994.129 shares                             | **          | 24,946                  |
| *                           | Fidelity Freedom 2015                             | 70.297 shares                                | **          | 732                     |
| *                           | Fidelity Freedom 2020                             | 2,596.069 shares                             | **          | 32,580                  |
| *                           | Fidelity Freedom 2025                             | 731.953 shares                               | **          | 7,605                   |
| *                           | Fidelity Freedom 2030                             | 1,659.522 shares                             | **          | 20,561                  |
| *                           | Fidelity Freedom 2035                             | 325.605 shares                               | **          | 3,341                   |
| *                           | Fidelity Freedom 2040                             | 10,489.927 shares                            | **          | 75,108                  |
| *                           | Fidelity Freedom 2045                             | 513.249 shares                               | **          | 4,347                   |
| *                           | Fidelity Freedom 2050                             | 0.037 shares                                 | **          | 1                       |
| *                           | Fidelity Freedom Income Fund                      | 14,261.114 shares                            | **          | 153,164                 |
| *                           | Fidelity Investment Growth Bond Fund              | 67,038.265 shares                            | **          | 471,949                 |
| *                           | Fidelity Puritan Fund                             | 15,780.669 shares                            | **          | 253,438                 |
| *                           | Fidelity Small Cap Stock Fund                     | 8,205.818 shares                             | **          | 130,801                 |
|                             | Pimco Total Return                                | 6,695.779 shares                             | **          | 72,314                  |
|                             | Spartan US Equity Index                           | 2,411.364 shares                             | **          | 95,080                  |
|                             | Templeton Foreign Small Company                   | 2,820.133 shares                             | **          | 37,282                  |
|                             | WFA Midcap Disciplined Fund                       | 2,086.872 shares                             | **          | 36,979                  |
|                             |                                                   |                                              |             | <u>2,404,120</u>        |
| *                           | <b>Participant loans</b>                          | Interest rates ranging<br>from 5.0% to 5.25% | -0-         | <u>172,185</u>          |
|                             |                                                   |                                              | \$          | <u><u>3,235,353</u></u> |
| *                           | Indicates permitted party-in-interest to the Plan |                                              |             |                         |
| **                          | Cost omitted for participant directed investments |                                              |             |                         |



August 6, 2010

To the Plan Trustees and Management of the  
ECP 401(k) Plan  
Easley, South Carolina

We have conducted a Department of Labor ("DOL") limited-scope audit of the financial statements of ECP 401(k) Plan (the "Plan") as of and for the year ended December 31, 2009 and have issued our report thereon dated August 6, 2010. As permitted by 29 CR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and schedules taken as a whole. Professional standards require that we provide you with information about our responsibilities under auditing standards generally accepted in the United States of America, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated April 1, 2010. Professional standards also require that we communicate to you the following information related to our audit.

#### Significant Audit Findings

##### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2009. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The disclosures in the financial statements are neutral, consistent, and clear. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users.

##### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

*Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. The adjustments posted which are included below, were related to the timing of remittances in the prior year, prior year deemed distributions of participant loans and to the refund of excess participant contributions during 2010 for the 2009 plan year.

*Disagreements with Management*

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

*Management Representations*

We have requested certain representations from management that are included in the management representation letter dated August 6, 2010.

*Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

*Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Plan Trustees and Management of ECP 401(k) Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

*Cherry, Behaert & Holland, L.L.P.*

Greenville, South Carolina  
August 6, 2010

ECP 401(k) Plan  
Adjusting Journal Entries  
December 31, 2009

|                                                          |       |       |
|----------------------------------------------------------|-------|-------|
| 1. DR. Certain deemed distributions of participant loans | \$734 |       |
| CR. Net assets                                           |       | \$734 |

*To reconcile net assets for the prior year deemed distributions to participant loans*

|                                                       |          |          |
|-------------------------------------------------------|----------|----------|
| 2. DR. Net assets                                     | \$10,179 |          |
| CR. Benefit payments to participants or beneficiaries |          | \$10,179 |

*To reconcile net assets for the prior year excess contributions*

|                                  |         |         |
|----------------------------------|---------|---------|
| 3. DR. Participant contributions | \$1,704 |         |
| CR. Other liabilities            |         | \$1,704 |

*To record current year refunds owed due to excess contributions as determined by 12/31/2009 discrimination testing*

|                               |         |         |
|-------------------------------|---------|---------|
| 4. DR. Employer contributions | \$896   |         |
| DR. Participant contributions | \$2,027 |         |
| CR. Net assets                |         | \$2,923 |

*To reverse the prior year Gain Sharing contribution receivable*



To the Plan Trustees and  
Management of ECP 401(k) Plan

Except as discussed in the following paragraph, in planning and performing our audit of the financial statements of ECP 401(k) Plan (the "Plan") as of and for the year ended December 31, 2009, in accordance with auditing standards generally accepted in the United States of America, we considered the Plan's internal control over financial reporting ("internal control") as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

We were engaged to perform a Department of Labor ("DOL") limited-scope audit of those financial statements as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Our audit did not include all of the procedures required by auditing standards generally accepted in the United States of America and did not include a consideration of internal control relating to the information summarized in Note 3 to those financial statements. Because of the significance of the information that we did not audit, we were unable to, and did not, express an opinion on those financial statements.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the plan's financial statements will not be prevented, or detected and corrected on a timely basis. We did not identify any deficiencies in internal control that we consider to be material weaknesses.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiency in the Plan's internal control to be a significant deficiency:

- We proposed significant adjustments to your accounts, which are attached and which you approved, so that the financial statements comply with generally accepted accounting principles.

ECP 401(k) Plan

August 6, 2010

Page 2

This communication is intended solely for the information and use of Plan management, the Board of Directors, and others within the Plan, and is not intended to be and should not be used by anyone other than these specified parties.

*Cherry, Bebaert & Holland, h.h.P.*

Greenville, South Carolina

August 6, 2010

ECP 401(k) Plan  
Adjusting Journal Entries  
December 31, 2009

|                                                          |       |       |
|----------------------------------------------------------|-------|-------|
| 1. DR. Certain deemed distributions of participant loans | \$734 |       |
| CR. Net assets                                           |       | \$734 |

*To reconcile net assets for the prior year deemed distributions to participant loans*

|                                                       |          |          |
|-------------------------------------------------------|----------|----------|
| 2. DR. Net assets                                     | \$10,179 |          |
| CR. Benefit payments to participants or beneficiaries |          | \$10,179 |

*To reconcile net assets for the prior year excess contributions*

|                                  |         |         |
|----------------------------------|---------|---------|
| 3. DR. Participant contributions | \$1,704 |         |
| CR. Other liabilities            |         | \$1,704 |

*To record current year refunds owed due to excess contributions as determined by 12/31/2009 discrimination testing*

|                               |         |         |
|-------------------------------|---------|---------|
| 4. DR. Employer contributions | \$896   |         |
| DR. Participant contributions | \$2,027 |         |
| CR. Net assets                |         | \$2,923 |

*To reverse the prior year Gain Sharing contribution receivable*



#NAME?

| Investment levels                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 adjusted) in active markets for identical assets or liabilities                                                                                                |
| 2 es included in Level 1 that are either directly or indirectly observable                                                                                       |
| 3 or no market activity exists, therefore requiring an entity to develop its own assumptions about the assumptions that market participants would use in pricing |

| Symbol | Fund Name                             | \$ Value of Shares<br>12/31/08 | # of Shares<br>12/31/2008 | Market Value | Market Value provided by? | What pricing source did the provider consult to determine<br>market value? | Level<br>(1,2, or 3) | Reasoning for level 1,2,3     |
|--------|---------------------------------------|--------------------------------|---------------------------|--------------|---------------------------|----------------------------------------------------------------------------|----------------------|-------------------------------|
|        | Baron Asset Fund                      | \$155,889                      | 4,375.22                  | \$35.63      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Dividend Growth Fund         | \$236,195                      | 14,958.55                 | \$15.79      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Diversified International    | \$91,582                       | 4,257.66                  | \$21.51      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Equity Income Fund           | \$327,917                      | 10,622.50                 | \$30.87      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2000                 | \$50,383                       | 5,013.24                  | \$10.05      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2005                 | \$226                          | 26.96                     | \$8.39       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2010                 | \$52,424                       | 5,060.23                  | \$10.36      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2015                 | \$1,315                        | 153.62                    | \$8.56       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2020                 | \$36,652                       | 3,646.93                  | \$10.05      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2025                 | \$6,827                        | 829.52                    | \$8.23       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2030                 | \$14,119                       | 1,446.60                  | \$9.76       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2035                 | \$3,216                        | 400.45                    | \$8.03       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2040                 | \$48,890                       | 8,746.06                  | \$5.59       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2045                 | \$1,573                        | 239.04                    | \$6.58       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom 2050                 | \$5,269                        | 815.66                    | \$6.46       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Freedom Income Fund          | \$129,051                      | 13,499.04                 | \$9.56       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Growth Company               | \$51,240                       | 1,046.57                  | \$48.96      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Investment Growth Bond Fund  | \$449,939                      | 70,856.57                 | \$6.35       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Puritan Fund                 | \$230,109                      | 17,619.37                 | \$13.06      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Retirement Money Market Fund | \$615,497                      | 615,497.32                | \$1.00       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Fidelity Small Cap Stock Fund         | \$123,089                      | 12,560.07                 | \$9.80       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Pimco Total Return                    | \$58,433                       | 5,762.65                  | \$10.14      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Spartan US Equity Index               | \$64,577                       | 2,024.37                  | \$31.90      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Templeton Foreign Small Company       | \$10,166                       | 1,310.04                  | \$7.76       | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | WFA Midcap Disciplined Fund           | \$41,197                       | 3,040.35                  | \$13.55      | Fideltiy / public         | Based on net value of underlying assets in activity traded markets         | 1                    | Can liquidate at market price |
|        | Participant Loans                     | \$152,434                      |                           |              | Fideltiy                  | loan cost outstanding plus accrued interest                                | 3                    | no actice market price        |
|        |                                       | \$2,958,210                    |                           |              |                           |                                                                            |                      |                               |