# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THE BECK GROUP THRIFT INCENTIVE AND RETIREMENT INCOME PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 02/01/1973

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
THE BECK GROUP

1807 ROSS AVENUE, SUITE 500
DALLAS, TX 75201-2031

**2b** Employer Identification Number (EIN) 75-1731802

**2c** Sponsor's telephone number 214-303-6200

**2d** Business code (see instructions) 236200

**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 | DONNA B. STRONG |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/19/2010 | DONNA B. STRONG |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
EMPLOYEE BENEFITS COMMITTEE

1807 ROSS AVENUE, SUITE 500
DALLAS, TX 75201

**3b** Administrator's EIN
75-1731802

**3c** Administrator's telephone number
214-303-6200

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name
HCBECK, LTD.

**4b** EIN
75-1731802

**4c** PN
003

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 822 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 494 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 258 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 752 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 753 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 746 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 58 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

**A** Name of plan
THE BECK GROUP THRIFT INCENTIVE AND RETIREMENT INCOME PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE BECK GROUP

**D** Employer Identification Number (EIN)
75-1731802

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PRICEWATERHOUSECOOPERS, LLP

13-4008324

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | NONE | 34250 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LOCKTON INVESTMENT ADVISORS, LLC

20-8874282

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 | NONE | 15000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MORNING STAR

36-3297908

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 16 | NONE | 8771 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

T. ROWE PRICE RPS, INC.

52-1714114

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | NONE | 3800 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| ACORN FUND<br>ONE FINANCIAL CENTER, 14TH FLOOR<br>MAIL CODE MA5-515-14-012<br>BOSTON, MA 02111 | FEE FOR SHARE HOLDER SERVICING BASED UPON 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| ARTIO INTERNATIONAL EQUITY, A<br>330 MADISON AVENUE<br>NEW YORK, NY 10017 | FEE FOR SHARE HOLDER SERVICING BASED UPON 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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 GROWTH FUND<br>767 FIFTH AVENUE, 49TH FLOOR<br>NEW YORK, NY 10153 | FEE FOR SHARE HOLDER SERVICING BASED UPON 0.30% |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| INVESCO REAL ESTATE FUND, A<br>3435 STELZER ROAD<br>COLUMBUS, OH 43219 | FEE FOR SHARE HOLDER SERVICING BASED UPON 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| DAVIS NEW YORK VENTURE A FUND<br>30 DAN RD<br>CANTON, MA 02021 | FEE FOR SHARE HOLDER SERVICING BASED UPON 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| LOOMIS SAYLES BOND FUND<br>LOOMIS SAYLES COMPANY, L.P.<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111 | FEE FOR SHARE HOLDER SERVICING BASED UPON 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 (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| LOOMIS SAYLES VALUE FUND<br>LOOMIS SAYLES COMPANY, L.P.<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111 | FEE FOR SHARE HOLDER SERVICING BASED UPON 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| TEMPLETON GLOBAL BOND, A<br>FRANKLIN TEMPLETON FUNDS<br>ATTN MOS TEAM 5, P.O. BOX 33030<br>ST. PETERSBURG, FL 33733-8030 | FEE FOR SHARE HOLDER SERVICING BASED UPON 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| VAN KAMPEN SMALL CAP VALUE A<br>P.O. 219286<br>KANSAS CITY, MO 64121-9286 | FEE FOR SHARE HOLDER SERVICING BASED UPON 0.50% |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| T. ROWE PRICE RPS, INC. | 15 21 25 28 37 38 49 50 52 59 62 63 64 65 | 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. |
|---|---|
| PRUDENTIAL JEN NAT RESOURCES Z P.O. BOX 9658 PROVIDENCE, RI 02940 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.25% |

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
THE BECK GROUP THRIFT INCENTIVE AND RETIREMENT INCOME PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE BECK GROUP

**D** Employer Identification Number (EIN)
75-1731802

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 52-1309931-001 | C | 8810670 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
THE BECK GROUP THRIFT INCENTIVE AND RETIREMENT INCOME PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE BECK GROUP

**D** Employer Identification Number (EIN)
75-1731802

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 2042470 | 37158 |
| **(2)** Participant contributions | 1b(2) | 156485 | 135940 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 1416108 | 1352070 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 6439559 | 8810670 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 50529824 | 67732466 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 60584446 | 78068304 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 34250 | 34250 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 34250 | 34250 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 60550196 | 78034054 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 1080402 | |
| | **(B)** Participants | 2a(1)(B) | 3384069 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 399436 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 4863907 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 89651 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 89651 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 637307 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 17855603 |
| **c** Other income | 2c | | 21577 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 23468045 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 5922366 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 5922366 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 61821 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 61821 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 5984187 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 17483858 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP (2) EIN: 13-4008324

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 2000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
THE BECK GROUP THRIFT INCENTIVE AND RETIREMENT INCOME PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE BECK GROUP

**D** Employer Identification Number (EIN)
75-1731802

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 52-1481931

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

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

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PRICEWATERHOUSECOOPERS

# The Beck Group Thrift Incentive and Retirement Income Plan

**Financial Statements and Supplemental Schedule**
**With Report of Independent Auditors**
**December 31, 2009 and 2008**

# The Beck Group Thrift Incentive and Retirement Income Plan
## Index


| | Page(s) |
|---|---|
| **Report of Independent Auditors** | 1 |
| **Financial Statements** | |
| Statements of Net Assets Available for Benefits at December 31, 2009 and 2008 | 2 |
| Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009 | 3 |
| Notes to Financial Statements | 4–11 |
| **Supplemental Schedule** | |
| Schedule H, Item 4i--Schedule of Assets (Held at End of Year) at December 31, 2009 | 12 |


Note: Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, ("ERISA") have been omitted because they are not applicable.

PRICEWATERHOUSECOOPERS

**PricewaterhouseCoopers LLP**
2001 Ross Avenue, Suite 1800
Dallas TX 75201-2997
Telephone (214) 999 1400
Facsimile (214) 754 7991

**Report of Independent Auditors**

To the Participants and Employee Benefits Committee of
The Beck Group Thrift Incentive and Retirement Income Plan:

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

As permitted by 29 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 T. Rowe Price 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 T. Rowe Price Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

PricewaterhouseCoopers LLP

Dallas, Texas
October 1, 2010

# The Beck Group Thrift Incentive and Retirement Income Plan
## Statements of Net Assets Available for Benefits
## At December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| **Assets** | | |
| Participant-directed investments | $ 76,543,136 | $ 56,969,383 |
| Participant loans | 1,352,070 | 1,416,108 |
| Total investments, at fair value | 77,895,206 | 58,385,491 |
| Employer contribution receivable | 37,158 | 2,042,470 |
| Employee contribution receivable | 135,940 | 156,485 |
| Total assets | 78,068,304 | 60,584,446 |
| **Liabilities** | | |
| Accrued expenses | 34,250 | 34,250 |
| Net assets reflecting all investments at fair value | 78,034,054 | 60,550,196 |
| Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts | (264,582) | 60,365 |
| Net assets available for benefits | $ 77,769,472 | $ 60,610,561 |

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

# The Beck Group Thrift Incentive and Retirement Income Plan

## Statement of Changes in Net Assets Available for Benefits

## For the Year Ended December 31, 2009

| | 2009 |
|---|---|
| Additions: | |
| Investment income: | |
| Net appreciation in fair value of investments | $ 18,167,963 |
| Interest income | 89,651 |
| Other, net | 21,577 |
| Net investment income | 18,279,191 |
| Contributions: | |
| Employee contributions | 3,384,069 |
| Employer contributions | 1,080,402 |
| Rollovers | 399,436 |
| Total contributions | 4,863,907 |
| Deductions: | |
| Benefit payments | 5,922,366 |
| Administrative fees, net | 61,821 |
| Total deductions | 5,984,187 |
| Net increase | 17,158,911 |
| Net assets available for benefits, beginning of year | 60,610,561 |
| Net assets available for benefits, end of year | $ 77,769,472 |

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

# The Beck Group Thrift Incentive and Retirement Income Plan
## Notes to Financial Statements

### 1. Plan Description

The Beck Group Thrift Incentive and Retirement Income Plan (the "Plan") is a defined contribution plan available to substantially all qualified full-time salaried employees of HCBeck, Ltd. and Henry C. Beck Company (collectively, "The Beck Group" or "Employer"). The Plan is administered by a committee (the "Employee Benefits Committee") appointed by the Management Committee of HCBeck, Ltd. T. Rowe Price Retirement Trust Services ("Trustee") serves as the Plan's trustee and T. Rowe Price Retirement Plan Services, Inc. ("Recordkeeper") serves as the Plan's recordkeeper.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

**Contributions**
The Plan provides for participation in a tax-deferred savings program by all full-time salaried employees with 30 consecutive days of employment. In the contributory Thrift Incentive Program, participants of the program may contribute up to 100% of their earnings on a tax-deferred basis, subject to certain IRS limitations. The Plan has an automatic enrollment feature at 3% of compensation, requiring employees to opt out should they desire not to participate. Contributions for participants in the Plan under the automatic enrollment feature are invested in a T. Rowe Price Target Retirement Fund based on the anticipated retirement date of the participant. The Beck Group matches 50% of each participant's contributions, limited in the aggregate to 3% of pretax earnings, excluding bonuses, commissions, severance pay and expense allowances. In the noncontributory Retirement Income Program, The Beck Group contributes an amount that varies based upon the age and salary of the participant. These are discretionary contributions. There were no contributions made during 2009. Contributions are allocated to the Plan's investment options based upon the participant's election. Participants may change their elections at any time. Contributions for both programs are deposited in a trust account from which benefits are paid.

**Participant Accounts**
Participant accounts are credited with the participant's contributions and an allocation of (a) the Employer's contributions and (b) plan earnings and administrative expenses. Income earned on Plan assets is allocated to participants' accounts based upon their cumulative share of contributions, previous income and forfeitures credited to the Plan's assets less any withdrawals, distributions, loans or transfers. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Distribution and Withdrawals**
Upon retirement, termination, hardship, death or disability, a participant's total vested balance is paid to the participant or designated beneficiary in a lump sum. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**
Under the provisions of the Plan, a participant's contribution vests for the Thrift Incentive Program when made. The Beck Group's contributions and forfeiture allocations, including attributable earnings, vest as follows:

| Years of Service | Vesting Percentage |
|---|---|
| 1 | 40% |
| 2 | 60% |
| 3 | 80% |
| 4 | 100% |

Under the provisions of the Retirement Income Program, The Beck Group's contributions and forfeiture allocations, including attributable earnings, vest as follows:

| Years of Service | Vesting Percentage |
|---|---|
| Less than 3 | 0% |
| 3 or more | 100% |

**Forfeitures**
Forfeitures not used to restore amounts previously forfeited by re-employed participants or to reduce plan expenses are allocated to participants' accounts on the basis of annual Employer contributions as defined in the Plan document. During 2009, the Plan paid administrative expenses of $45,302 from forfeited nonvested accounts. As of December 31, 2009 and 2008, forfeitures available for future use were $111,786 and $80,987, respectively.

**Participant Loans**
Participants may obtain loans for an amount not to exceed the lesser of 50% of the participant's vested interest in the Thrift Incentive balance or $50,000. The loans are maintained and serviced by the trustee as investments of the Plan. All loans bear interest equal to the prevailing prime rate of interest in the Dallas, Texas area at the time the loan is granted plus 1% (3.25% at December 31, 2009). Principal and interest are paid ratably through periodic payroll deductions.

## 2. Summary of Significant Accounting Policies

**Basis of Accounting**
The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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

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

**Administrative Expenses**
All trustee fees and administrative expenses are paid from the Plan's funds. The Beck Group provides certain administrative support to the Plan at no cost to the Plan, such as salaries for personnel administering the Plan.

**Investment Valuation and Income Recognition**
Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recognized on the accrual basis.

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

Accounting Standards Codification Topic 820 ("ASC 820") establishes a three-level hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of the Plan's investments. The three levels are defined as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted market prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are observable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

The Plan's investments are stated at fair value. Mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the plan at year end. The Plan's interest in the collective trust is presented at fair value on the statement of net assets available for benefits and the amount representing the differences between fair value and contract value is presented as a single amount, calculated as the sum of the amounts necessary to adjust the portion of net assets attributed to each fully benefit-responsive investment held by the collective trust from fair value to contract value.

As described in Accounting Standards Codification Topic 946 ("ASC 946"), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust. Fair value and contract value for this collective trust is based on the underlying investments reported by the investment advisor. As required by ASC 946, the Statement of Net Assets Available for Benefits presents the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Loans to participants are carried at the original loan principal balance, plus accrued interest, less principal repayments, which approximates fair value. Interest on participant loans is accrued as earned.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2009 and 2008, respectively:

| | December 31, 2009 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual funds | $ 67,732,466 | $ - | $ - | $ 67,732,466 |
| Collective investment trust | - | 8,810,670 | - | 8,810,670 |
| Participant loans | - | - | 1,352,070 | 1,352,070 |
| | $ 67,732,466 | $ 8,810,670 | $ 1,352,070 | $ 77,895,206 |

| | December 31, 2008 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 50,529,824 | $ - | $ - | $ 50,529,824 |
| Collective investment trust | - | 6,439,559 | - | 6,439,559 |
| Participant loans | - | - | 1,416,108 | 1,416,108 |
| | $ 50,529,824 | $ 6,439,559 | $ 1,416,108 | $ 58,385,491 |

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

| | 2009 | 2008 |
|---|---|---|
| Participant loans, beginning of year | $ 1,416,108 | $ 1,229,322 |
| Issuances and settlements (net) | (64,038) | 186,786 |
| Participants loans, end of year | $ 1,352,070 | $ 1,416,108 |

**Benefit Payments**
Benefits are recorded when paid to the participants.

**Plan Termination**
Although it has not expressed any intent to do so, The Beck Group has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). In the event of Plan termination, participants will become 100% vested in their accounts and the Plan assets will be distributed in accordance with the provisions of the Plan.

**Unallocated Assets**
Unallocated assets consist primarily of a contribution receivable from the employer for the Retirement Income Program, which has not been allocated to the participants' accounts. Unallocated net assets were $138,848 and $2,164,705 at December 31, 2009 and 2008, respectively. The December 31, 2009 and 2008 unallocated net assets were allocated during the first quarter of the subsequent year.

### 3. Investment Information Certified By the Trustee

Consistent with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the independent auditors not to audit the information certified as complete and accurate by the Plan's Trustee, as of and for the years ended December 31, 2009 and 2008. The certified information is as follows:

| | 2009 | 2008 |
|---|---|---|
| **Investments:** | | |
| American Beacon Small-Cap Value Fund | $ - | $ 306,490 |
| Baron Growth Fund | 680,206 | 495,965 |
| Columbia Acorn Fund, Z | 578,104 | 331,677 |
| Davis NY Venture Fund, A | 714,836 | 485,552 |
| Oppenheimer Developing Markets, A | 4,137,751 * | 1,903,944 |
| Vanguard 500 Index Fund | 441,737 | 260,313 |
| Loomis Sayles Bond Fund | 621,831 | 426,259 |
| Loomis Sayles Value Fund | 570,419 | 500,994 |
| PIMCO Total Return Fund, Institutional | 2,328,301 | 1,490,670 |
| Artio International Equity, A | 1,210,600 | 1,052,996 |
| Templeton Global Bond, A | 436,273 | - |
| AIM Real Estate Fund, A | 263,215 | - |
| Prudential Jen Nat Resources Z | 391,958 | - |
| Van Kampen Small Cap Value A | 341,428 | - |
| T. Rowe Price Growth Stock Fund | 869,271 | 468,815 |
| T. Rowe Price Prime Reserve Fund | 11,529 | 31,206 |
| T. Rowe Price International Discovery Fund | 463,744 | 77,823 |
| T. Rowe Price Mid-Cap Value Fund | 463,154 | 221,830 |
| T. Rowe Price Retirement Income Fund | 500,108 | 2,052,479 |
| T. Rowe Price Retirement 2005 Fund | 2,288,905 | 2,696,519 |
| T. Rowe Price Retirement 2010 Fund | 4,003,280 * | 5,362,835 * |
| T. Rowe Price Retirement 2015 Fund | 9,417,696 * | 6,662,209 * |
| T. Rowe Price Retirement 2020 Fund | 14,498,221 * | 10,417,920 * |
| T. Rowe Price Retirement 2025 Fund | 8,608,968 * | 6,450,133 * |
| T. Rowe Price Retirement 2030 Fund | 4,015,490 * | 2,757,469 |
| T. Rowe Price Retirement 2035 Fund | 3,929,322 * | 2,372,207 |
| T. Rowe Price Retirement 2040 Fund | 4,884,069 * | 3,156,003 * |
| T. Rowe Price Retirement 2045 Fund | 970,198 | 531,950 |
| T. Rowe Price Retirement 2050 Fund | 57,642 | 15,262 |
| T. Rowe Price Retirement 2055 Fund | 34,210 | 304 |
| Mutual funds, at fair value | 67,732,466 | 50,529,824 |
| T. Rowe Price Stable Value Common Trust Fund, at fair value | 8,810,670 * | 6,439,559 * |
| Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive contracts | (264,582) | 60,365 |
| T. Rowe Price Stable Value Common Trust Fund at contract value | 8,546,088 | 6,499,924 |
| Participant loans — Interest rates of 4.25% to 9.25% with maturity dates from 2010 to 2014 | 1,352,070 | 1,416,108 |
| | $ 77,630,624 | $ 58,445,856 |
| Net appreciation in fair value of investments | $ 18,167,963 | |
| Interest income | $ 89,651 | |

* Represents investments of the Plan which comprised 5% or more of the net assets available for benefits at December 31, 2009 and 2008, respectively.

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

| | Year Ended December 31, 2009 |
|---|---|
| Mutual funds | $ 16,326,016 |
| Common/collective trust | 1,841,947 |
| Net appreciation in fair value | $ 18,167,963 |

## 4. Tax Status

The Plan is intended to be a qualified trust under Section 401(a) of the Internal Revenue Code (the "Code") and is, therefore, exempt from federal income taxes under provisions of Section 501(a) of the Code. The Plan received a favorable determination letter dated December 20, 2002 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter; however, the plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code. Accordingly, no provision for federal income taxes has been provided in the accompanying financial statements.

## 5. Related Party Transactions

Plan investments include various mutual funds and a common/collective trust fund maintained by the trustee, therefore, these transactions qualify as party-in-interest transactions.

## 6. Form 5500 Reconciliation

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:

| | Year Ended December, 31 2009 | Year Ended December, 31 2008 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 77,769,472 | $ 60,610,561 |
| Difference in reporting of fully-benefit responsive investment contracts at contract value per the financial statements and fair value per the Form 5500 | 264,582 | (60,365) |
| Net assets available for benefits per the Form 5500 | $ 78,034,054 | $ 60,550,196 |

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2009:

| | | |
|---|---|---|
| Net increase per the financial statements | $ | 17,158,911 |
| Current year difference in reporting of fully-benefit responsive investment contracts at contract value per the financial statements and fair value per the Form 5500 | | 264,582 |
| Prior year difference in reporting of fully-benefit responsive investment contracts at contract value per the financial statements and fair value per the Form 5500 | | 60,365 |
| Net increase per the Form 5500 | $ | 17,483,858 |

## 7. Subsequent Events

The Company has evaluated subsequent events with respect to the Plan through October 1, 2010, which is the date the financial statements were available for issuance.

# The Beck Group Thrift Incentive and Retirement Income Plan

## Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

## At December 31, 2009

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) | (e) Current Value |
|---|---|---|---|---|
| | PIMCO Total Return Fund, Institutional | Mutual Fund | ** | $ 2,328,301 |
| | Baron Growth Fund | Mutual Fund | ** | 680,206 |
| | Columbia Acorn Fund, Z | Mutual Fund | ** | 578,104 |
| | Davis NY Venture Fund, A | Mutual Fund | ** | 714,836 |
| | Loomis Sayles Bond Fund | Mutual Fund | ** | 621,831 |
| | Oppenheimer Developing Markets, A | Mutual Fund | ** | 4,137,751 |
| | Vanguard 500 Index Fund | Mutual Fund | ** | 441,737 |
| | Artio International Equity, A | Mutual Fund | ** | 1,210,600 |
| | Loomis Sayles Value Fund | Mutual Fund | ** | 570,419 |
| | Templeton Global Bond, A | Mutual Fund | ** | 436,273 |
| | AIM Real Estate Fund, A | Mutual Fund | ** | 263,215 |
| | Prudential Jen Nat Resources | Mutual Fund | ** | 391,958 |
| | Van Kampen Small Cap Value A | Mutual Fund | ** | 341,428 |
| * | T. Rowe Price International Discovery Fund | Mutual Fund | ** | 463,744 |
| * | T. Rowe Price Growth Stock Fund | Mutual Fund | ** | 869,271 |
| * | T. Rowe Price Mid-Cap Value Fund | Mutual Fund | ** | 463,154 |
| * | T. Rowe Price Prime Reserve Fund | Mutual Fund | ** | 11,529 |
| * | T. Rowe Price Retirement Income Fund | Mutual Fund | ** | 500,108 |
| * | T. Rowe Price Retirement 2005 Fund | Mutual Fund | ** | 2,288,905 |
| * | T. Rowe Price Retirement 2010 Fund | Mutual Fund | ** | 4,003,280 |
| * | T. Rowe Price Retirement 2015 Fund | Mutual Fund | ** | 9,417,696 |
| * | T. Rowe Price Retirement 2020 Fund | Mutual Fund | ** | 14,498,221 |
| * | T. Rowe Price Retirement 2025 Fund | Mutual Fund | ** | 8,608,968 |
| * | T. Rowe Price Retirement 2030 Fund | Mutual Fund | ** | 4,015,490 |
| * | T. Rowe Price Retirement 2035 Fund | Mutual Fund | ** | 3,929,322 |
| * | T. Rowe Price Retirement 2040 Fund | Mutual Fund | ** | 4,884,069 |
| * | T. Rowe Price Retirement 2045 Fund | Mutual Fund | ** | 970,198 |
| * | T. Rowe Price Retirement 2050 Fund | Mutual Fund | ** | 57,642 |
| * | T. Rowe Price Retirement 2055 Fund | Mutual Fund | ** | 34,210 |
| * | T. Rowe Price Stable Value Common Trust Fund | Common/Collective Trust | ** | 8,810,670 |
| * | Participants | Participant loans, rate of interest - 4.25% to 9.25%, maturing through 2014 | | 1,352,070 |
| | Total assets held for investment purposes | | | $ 77,895,206 |

* Indicates each identified person/entity known to be a party-in-interest.
** Column (d) cost omitted as all transactions are participant-directed.

This information is certified as complete and accurate by the trustee and, therefore, no auditing procedures were performed by the Plan's independent auditors.

**Statement of Reasonable Cause**

| | |
|---|---|
| **Plan Name** | **The Beck Group Thrift Incentive and Retirement Income Plan** |
| **Plan Sponsor EIN** | **75-1731802** |
| **ERISA Plan #** | **003** |
| **Plan Year Ending** | **December 31, 2009** |

We respectfully request a waiver of all penalties for late filing associated with the filing of Form 5500 for the above-referenced plan. For the reasons discussed below, the delay in filing the Form 5500 was due to reasonable cause and not willful neglect, as provided in Internal Revenue Code Section 6652(e). We also respectfully request that this statement be treated as a statement of reasonable cause for purposes of 29 C.F.R. Section 502c-2(b)(2) and that, pursuant to 29 C.F.R. Section 502c-2(b)(2), no penalty under Section 502(c)(2) of ERISA be assessed.

We believe that there were significant mitigating factors for the failure to file timely that establish reasonable cause for the late filing. The Plan Administrator has taken all reasonable and prudent steps to ensure that the Form 5500 was filed on a timely basis. The Form 5500 was prepared and submitted timely through an approved third party software vendor for timely filing to EFAST2. However, complications related to the EFAST2 and software requirements as well as the volume of Forms 5500 processed through the vendor's software and being accepted by EFAST2 resulted in a short delay of the filing past the filing deadline of October 15, 2010. There has been no intentional disregard of the filing requirements.

Therefore, we respectfully request an abatement of all penalties for failure to file timely.

| | |
|---|---|
| **Plan Name** | **The Beck Group Thrift Incentive and Retirement Income Plan** |
| **Plan Sponsor EIN** | **75-1731802** |
| **ERISA Plan #** | **003** |
| **Plan Year Ending** | **December 31, 2009** |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| Form / Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. H | Line 3 | Financial statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |

| | |
|---|---|
| **Plan Name** | **The Beck Group Thrift Incentive and Retirement Income Plan** |
| **Plan Sponsor EIN** | **75-1731802** |
| **ERISA Plan #** | **003** |
| **Plan Year Ending** | **December 31, 2009** |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| Form / Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. H | Line 3 | Financial statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |