Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIRSTPERRYTON BANCORP INC EMPLOYEES PSP

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1948

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

201 S. MAIN STREET
PERRYTON, TX 79070

2b Employer Identification Number (EIN) 75-1869513

2c Sponsor's telephone number 806-434-3676

2d Business code (see instructions) 522110

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.	06/17/2011	LANCE PURCELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/17/2011	LANCE PURCELL
	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")
FIRSTPERRYTON BANCORP INC SUBS

201 S. MAIN STREET
PERRYTON, TX 79070

3b Administrator's EIN
75-1869513

3c Administrator's telephone number
806-434-3676

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	162
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**	144
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	168
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	168
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	154
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
FIRSTPERRYTON BANCORP INC EMPLOYEES PSP

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
FIRSTPERRYTON BANCORP INC SUBS

D Employer Identification Number (EIN)
75-1869513

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	07852S	2	01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	10286

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ REG PUBLISHED RATES FILED WITH INS

b	Premiums paid to carrier	6b	880
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
FIRSTPERRYTON BANCORP INC EMPLOYEES PSP		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
FIRSTPERRYTON BANCORP INC SUBS	75-1869513	

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)

LUTHER KING CAPITAL MANAGEMENT

301 COMMERCE ST, STE 1600
FORT WORTH, TX 76102

75-1630300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	53728	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

JOHNSON & SHELDON PC

PO BOX 509
AMARILLO, TX 79105

75-2569269

(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	8563	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

AMARILLO NATIONAL BANK

PLAZA ONE, BOX ONE
AMARILLO, TX 79105

75-0107009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	37132	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
FIRSTPERRYTON BANCORP INC EMPLOYEES PSP

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRSTPERRYTON BANCORP INC SUBS

D Employer Identification Number (EIN)
75-1869513

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)		11240
(2) Participant contributions	1b(2)		15770
(3) Other	1b(3)	46825	37865
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2433942	2595220
(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)	2398263	3013769
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4699537	5690868
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11370	10286

			(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	9589937	11375018
	Liabilities			
g	Benefit claims payable	1g	632	5602
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	632	5602
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9589305	11369416

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)	275328	
	(B) Participants	2a(1)(B)	395071	
	(C) Others (including rollovers)	2a(1)(C)	66924	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		737323
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5242	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	116448	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		121690
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	93425	
	(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)		93425
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1436140	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1357181	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		78959

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1094467	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1094467
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income	2c		17133
d Total income. Add all **income** amounts in column (b) and enter total	2d		2142997
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	262585	
(2) To insurance carriers for the provision of benefits	2e(2)	880	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		263465
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)	8563	
(2) Contract administrator fees	2i(2)	31257	
(3) Investment advisory and management fees	2i(3)	53726	
(4) Other	2i(4)	5875	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		99421
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		362886
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1780111
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: JOHNSON SHELDON PC **(2)** EIN: 75-2569269

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		28553
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		5000000
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
FIRSTPERRYTON BANCORP INC EMPLOYEES PSP

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRSTPERRYTON BANCORP INC SUBS

D Employer Identification Number (EIN)
75-1869513

Part I Distributions

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

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

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

EIN(s): 75-0109799

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):

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITORS' REPORT

December 31, 2009

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

December 31, 2009

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To the Administrative Committee of
FirstPerryton Bancorp, Inc.
Employees' Profit Sharing Plan
Perryton, Texas

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements and supplemental schedules of **FirstPerryton Bancorp, Inc. Employees' Profit Sharing Plan** as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note 5, which was certified or provided by **Amarillo National Bank**, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 5, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2009, and as of December 31, 2008.

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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Johnson & Sheldon, P.C.

Johnson & Sheldon, P.C.

July 29, 2010

FINANCIAL STATEMENTS

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

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

Assets

	2009	2008
Investments, non-participant directed, at fair value:		
Money market fund	$2,595,220	$2,433,942
Corporate bonds	3,013,769	2,398,263
Common stocks	5,690,868	4,699,537
Cash value in life insurance	10,286	11,370
Total Investments, at fair value	11,310,143	9,543,112
Receivables		
Interest and dividends	37,865	46,825
Employee deferral contributions	15,770	-
Employer match contributions	11,240	-
Total Receivables	64,875	46,825
Total Assets	11,375,018	9,589,937

Liabilities

Excess contributions refundable	5,602	632
Net Assets Available for Benefits	$11,369,416	$ 9,589,305

See accompanying notes and independent auditors' report

FIRSTPERRYTON BANCORP, INC.
EMPLOYEES' PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLR FOR BENEFITS
Year Ended December 31, 2009

Additions	
Investment Income:	
Net appreciation in fair value of investments	$ 1,173,426
Interest	121,690
Dividends	93,425
Total Investment	1,388,541
Contributions:	
Employer	275,328
Participants	395,071
Rollovers	66,924
Total Contributions	737,323
Other Income	17,133
Total Additions	2,142,997
Deductions	
Deductions from net assets attributed to:	
Distributions to participants	262,585
Administrative and investment expenses	99,421
Insurance premiums	880
Total Deductions	362,886
Net Increase	1,780,111
Net Assets Available for Benefits	
Beginning of Year	9,589,305
End of Year	$ 11,369,416

See accompanying notes and independent auditors' report

NOTES TO FINANCIAL STATEMENTS
December 31, 2009

NOTE 1 - DESCRIPTION OF PLAN

The following description of the FirstPerryton Bancorp, Inc. Employees' Profit Sharing Plan (the Plan) is provided for general information purposes only. For more complete information, participants should refer to the current Plan agreements.

General
The Plan is a defined contribution retirement plan whereby eligible employees of FirstPerryton Bancorp, Inc. and Subsidiaries (collectively referred to as the "Company") are permitted to make pretax contributions that are tax-deferred under Section 401(k) of the Internal Revenue Code (IRC). The plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Amarillo National Bank serves as the Plan's trustee and investment custodian and is responsible for executing all investment transactions.

Eligibility
Employees become eligible for participation at the age of twenty and upon completing one year of service (1,000 hours) as defined by the Plan.

Vesting
Participant contributions plus actual earnings are immediately fully vested and non-forfeitable. Employer contributions vest to participants based upon years of continuous service. Participants are vested in employer contributions based upon the following schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Contributions
Each year, a participant may elect to defer a portion of pretax compensation up to 100%, subject to certain maximum limitations imposed by the Internal Revenue Code. Employees who are eligible to make elective deferrals under the Plan and who have attainted the age of fifty before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

NOTE 1 - DESCRIPTION OF PLAN (continued)

Contributions (continued)
The Plan requires employer matching contributions equal to 100% of each participant's contributions up to 5% of total compensation. Effective September 26, 2003, catch-up contributions are not considered in determining the employer matching contribution. The Company may also make additional discretionary contributions. There were no discretionary contributions made during 2009.

Participant Accounts
Each participant's account is credited with the participant's contributions, the Company's matching and discretionary contributions, and an allocation of plan earnings and charged with an allocation of plan expenses. Allocations are based on 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 balance.

Investment Management
The investment committee, made up of officers of the Company and a professional investment advisory firm, are responsible for the investment of all assets of the Plan.

Forfeitures
Forfeitures represent the portion of non-vested account balances of terminated participants which are retained by the Plan and used to reduce employer contributions. Forfeitures applied toward the employer's contribution amounted to $-0- in 2009. Plan assets include an unallocated forfeiture balance of $5,839 and $2,004 as of December 31, 2009 and 2008, respectively.

Payment of Benefits
Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum distribution or periodic installments or a combination of these two options. If a participant's vested balance is $5,000 or less, the participant will receive a single lump sum distribution of their entire vested account balance. Effective September 26, 2003, amounts rolled over from another qualified plan will be excluded in determining whether the $5,000 threshold has been exceeded. Also effective March 1, 2005, the Plan adopted the mandatory rollover distribution rules under IRS Release Notice 2005-5, requiring mandatory rollovers of terminated participant's vested accounts between $1,000 and $5,000 to a qualified individual retirement account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Recent Accounting Pronouncements

Effective July 1, 2009, the Plan adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 105-10, *Generally Accepted Accounting Principles – Overall* ("ASC105-10"). ASC 105-10 establishes the *FASB Accounting Standards Codification* (the "Codification") as the source of authoritative accounting principles recognized by the FASB to be applied by non-governmental entities in the preparation of financial statements in conformity with U.S. GAAP. Rules and interpretive releases of the SEC under authority of federal securities laws are also sources of authoritative U.S. GAAP for SEC registrants. All guidance contained in the Codification carries an equal level of authority. The Codification superseded all existing non-SEC accounting and reporting standards. All other non-grandfathered, non-SEC accounting literature not included in the Codification is non-authoritative. The FASB will not issue new standards in the form of Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. Instead, it will issue Accounting Standards Updates ("ASUs"). The FASB will not consider ASUs as authoritative in their own right. ASU's will serve only to update the Codification, provide background information about the guidance and provide the basis for conclusions on the change(s) in the Codification. References made to FASB guidance throughout this document have been updated for the Codification.

Effective April 1, 2009, the Plan adopted FASB ASC 855-10, *Subsequent Events – Overall* ("ASC 855-10"). ASC 855-10 establishes general standards of accounting for and disclosure of events that occur after the statement of net assets date but before financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date – that is, whether that date represents the date the financial statements were issued or were available to be issued. This disclosure should alert all users of financial statements that an entity has not evaluated subsequent events after that date in the set of financial statements being presented. Adoption of ASC 855-10 did not have a material impact on the Plan's results of operations or financial condition. The Plan has evaluated subsequent events through July 29, 2010, the date the financial statements were available to be issued.

The Plan complies with FASB ASC 820-10, *Fair Value Measurements and Disclosures – Overall* ("ASC 820-10") with respect to its financial assets and liabilities. In February 2008, the FASB issued updated guidance related to fair value measurements, which is included in the Codification in ASC 820-10-55, *Fair Value Measurements and Disclosures – Overall – Implementation Guidance and Illustrations*. The updated guidance provided a one year deferral of the effective date of ASC 820-10 for non-financial assets and non-financial liabilities, except those that are recognized or disclosed in the financial statements at fair value at least annually. Therefore, the Plan adopted the provisions of ASC 820-10 for non-financial assets and non-financial liabilities effective January 1, 2009, and such adoption did not have a material impact on the Plan's results of operations or financial condition.

Effective June 30, 2009, the Plan adopted the requirements of FASB ASC Topic 820, *Fair Value Measurements and Disclosures – Overall* ("ASC 820-10"). This topic provides additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to normal market activity for the asset or liability, provides guidance on circumstances that may indicate that a transaction is not orderly and requires additional disclosures about fair value measurements in annual and interim reporting periods. The adoption of this guidance did not have a material impact on the Plan's results of operations or financial condition.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosures of contingent assets and liabilities at the date of the financial statements and the changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Payment of Benefits
Benefit payments are recorded when paid.

Investment Valuation and Income Recognition
Investments in United States government securities, corporate bonds, and common stocks are carried at fair value, as determined by quoted market prices. Investments in the cash surrender value life insurance policies are reported at the cash value, which approximates fair value, as determined by the insurance company. Investments in money market funds are valued at cost, which approximates fair value. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade date basis. See Note 9 for discussion of fair value measurements.

NOTE 3 - ADMINISTRATION OF PLAN ASSETS

The Plan is administered by a committee of the Board of Directors of the Company. All cash and investment funds in the Plan are held in trust by Amarillo National Bank, the trustee. However, investment decisions are made by the internal investment committee. See Note 1, Description of the Plan, Investment Management for further information.

Administrative expenses for the trustee's fees, third-party investment advisor fees and Plan audit fees are paid by the Plan. Certain administrative functions are performed by officers or employees of the Company, however, such officers and employees receive no compensation from the Plan.

NOTE 4 - INCOME TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

NOTE 5 - INFORMATION CERTIFIED BY AMARILLO NATIONAL BANK

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate for the year ending December 31, 2009. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments:

	2009	2008
Investments at fair value:		
Money market fund	$ 2,595,220	$ 2,433,942
Corporate bonds	$ 3,013,769	$ 2,398,263
Common stocks	$ 5,690,868	$ 4,699,537
Cash value in life insurance	$ 10,286	$ 11,370
Accrued interest and dividends	$ 37,865	$ 46,825

Investments that represent 5% or more of the Plan's net assets are separately identified, as follows:

Fidelity investments – money market fund	$ 2,595,220	$ 2,433,942

Amarillo National Bank also certified to the completeness and accuracy of $1,173,426 of net appreciation in fair value of investments and $215,115 of interest and dividends related to the aforementioned investments for the year ended December 31, 2009.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. As such, transactions conducted by Amarillo National Bank qualify as party-in-interest transactions.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 8 - PLAN TERMINATION

While there is no intention to do so, the Company reserves the right to terminate the Plan. In the event of termination of the Plan, the participants become fully vested in their employer contribution balances and the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of ERISA.

NOTE 9 - FAIR VALUE MEASUREMENTS

The Plan complies with ASC 820-10, Fair Value Measurements, which provides a framework for measuring fair value under generally accepted accounting principles. ASC 820-10 applies to all financial assets and liabilities that are being measured and reported on a fair value basis. As defined in ASC 820-10, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan uses various methods including market, income and cost approaches. Based on these approaches, the Plan often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities. Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data. Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3: Unobservable inputs that are not corroborated by market data. Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and are not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

NOTE 9 - FAIR VALUE MEASUREMENTS (continued)

In determining the appropriate levels, the Program performs a detailed analysis of the assets that are subject to fair value measurement. The following table summarizes the financial assets and liabilities measured at fair value on a recurring basis at December 31, 2009:

	Assets at Fair Value as of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Money Market Fund	**$2,595,220**			**$2,595,220**
Corporate Bonds	**3,013,769**			**3,013,769**
Common Stocks	**5,690,868**			**5,690,868**
Cash Value in Life Insurance			**10,286**	**10,286**
Accrued Interest and Dividends	**37,865**		**-**	**37,865**
Total Assets at Fair Value	**$11,337,722**		**$10,286**	**$11,348,008**

NOTE 9 - FAIR VALUE MEASUREMENTS (continued)

Level 3 Gains and Losses

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

	Level 3 Assets
	Year Ended December 31, 2009
	Cash Surrender Value Life Insurance
Balance, beginning of year	$11,370
Realized gains/(losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	1,780
Distributions/Cancellation of policy	(2,864)
Balance, end of year	$10,286

Changes in Fair Value and Related Gains and Losses

During 2009, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,173,426.

NOTE 9 - FAIR VALUE MEASUREMENTS (continued)

Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows at December 31:

	2009	2008
Net Assets:		
Money market fund	$ 2,595,220	$ 2,433,942
Common stocks	5,690,868	4,699,537
Corporate bonds	3,013,769	2,398,263
Cash value in life insurance	10,286	11,370
	$ 11,310,143	$ 9,543,112

SUPPLEMENTAL SCHEDULES

PARTY IN INTEREST -
IDENTITY - Fidelity Investments
DESCRIPTION - Fidelity Treasury; 1
COST - 2416981
CURRENT VALUE - 2595220

PARTY IN INTEREST -
IDENTITY - Prudential Life Insu
DESCRIPTION - Policy #72075686 - R
COST - 2864
CURRENT VALUE - 0

PARTY IN INTEREST -
IDENTITY - Prudential Life Insu
DESCRIPTION - Policy #72085967 - R
COST - 8506
CURRENT VALUE - 10286

PARTY IN INTEREST -
IDENTITY - Abott Laboratories
DESCRIPTION - 3,000 shares
COST - 133418
CURRENT VALUE - 161970

PARTY IN INTEREST -
IDENTITY - AT&T, Inc.
DESCRIPTION - 2,000 shares
COST - 49907
CURRENT VALUE - 56060

PARTY IN INTEREST -
IDENTITY - Bank of America Corp
DESCRIPTION - 3,000 shares
COST - 110323
CURRENT VALUE - 45180

PARTY IN INTEREST -
IDENTITY - Cisco Systems, Inc.
DESCRIPTION - 4,500 shares
COST - 79953
CURRENT VALUE - 107730

PARTY IN INTEREST -
IDENTITY - Coca-Cola Company
DESCRIPTION - 2,000 shares
COST - 94564
CURRENT VALUE - 114000

PARTY IN INTEREST -
IDENTITY - Danaher Corp DE
DESCRIPTION - 2,300 shares
COST - 155411
CURRENT VALUE - 172960

PARTY IN INTEREST -
IDENTITY - E.I. Dupont De Nemou
DESCRIPTION - 1,800 shares
COST - 58188
CURRENT VALUE - 84175

PARTY IN INTEREST -
IDENTITY - EMC Corp
DESCRIPTION - 5,000 shares
COST - 57608
CURRENT VALUE - 87350

PARTY IN INTEREST -
IDENTITY - Emerson Electric Com
DESCRIPTION - 2,200 shares
COST - 75852
CURRENT VALUE - 93720

PARTY IN INTEREST -
IDENTITY - Exxon Mobil Corporat
DESCRIPTION - 2,000 shares
COST - 33069
CURRENT VALUE - 136380

PARTY IN INTEREST -
IDENTITY - Intel Corporation
DESCRIPTION - 3,500 shares
COST - 155704
CURRENT VALUE - 71400

PARTY IN INTEREST -
IDENTITY - International Busine
DESCRIPTION - 1,400 shares
COST - 147344
CURRENT VALUE - 183260

PARTY IN INTEREST -
IDENTITY - Kimberly Clark
DESCRIPTION - 2,000 shares
COST - 60368
CURRENT VALUE - 127420

PARTY IN INTEREST -
IDENTITY - Microsoft Corporatio
DESCRIPTION - 4,500 shares
COST - 145491
CURRENT VALUE - 137160

PARTY IN INTEREST -
IDENTITY - Northern Trust Corpo
DESCRIPTION - 3,000 shares
COST - 30225
CURRENT VALUE - 157200

PARTY IN INTEREST -
IDENTITY - Oracle Systems
DESCRIPTION - 6,000 shares
COST - 80792
CURRENT VALUE - 147180

PARTY IN INTEREST -
IDENTITY - Pepsico Inc.
DESCRIPTION - 2,000 shares
COST - 89625
CURRENT VALUE - 121600

PARTY IN INTEREST -
IDENTITY - Pfizer, Inc.
DESCRIPTION - 6,500 shares
COST - 172276
CURRENT VALUE - 118235

PARTY IN INTEREST -
IDENTITY - Proctor & Gamble
DESCRIPTION - 2,000 shares
COST - 73783
CURRENT VALUE - 121260

PARTY IN INTEREST -
IDENTITY - Range Resources Corp
DESCRIPTION - 3,000 shares
COST - 77115
CURRENT VALUE - 149550

PARTY IN INTEREST -
IDENTITY - Raytheon Company
DESCRIPTION - 2,600 shares
COST - 73830
CURRENT VALUE - 133952

PARTY IN INTEREST -
IDENTITY - Rockwell Collins, In
DESCRIPTION - 2,500 shares
COST - 119939
CURRENT VALUE - 138400

PARTY IN INTEREST -
IDENTITY - Texas Instruments, I
DESCRIPTION - 2,000 shares
COST - 54042
CURRENT VALUE - 52120

PARTY IN INTEREST -
IDENTITY - US Bancorp Del Com
DESCRIPTION - 2,500 shares
COST - 83176
CURRENT VALUE - 56275

PARTY IN INTEREST -
IDENTITY - Walgreen Company
DESCRIPTION - 3,000 shares
COST - 14598
CURRENT VALUE - 110160

PARTY IN INTEREST -
IDENTITY - Waste Management, In
DESCRIPTION - 3,000 shares
COST - 76184
CURRENT VALUE - 101430

PARTY IN INTEREST -
IDENTITY - Wells Fargo & Compan
DESCRIPTION - 2,000 shares
COST - 114495

CURRENT VALUE - 107960

PARTY IN INTEREST -
IDENTITY - Akamai Technologies
DESCRIPTION - 3,000 shares
COST - 64894
CURRENT VALUE - 76020

PARTY IN INTEREST -
IDENTITY - Cabot Oil & Gas Corp
DESCRIPTION - 3,400 shares
COST - 17334
CURRENT VALUE - 148206

PARTY IN INTEREST -
IDENTITY - Calgon Carbon Corp
DESCRIPTION - 4,500 shares
COST - 60626
CURRENT VALUE - 62550

PARTY IN INTEREST -
IDENTITY - Cullen Frost Banks I
DESCRIPTION - 4,000 shares
COST - 35792
CURRENT VALUE - 200000

PARTY IN INTEREST -
IDENTITY - Dentsply Internation
DESCRIPTION - 4,300 shares
COST - 120239
CURRENT VALUE - 151231

PARTY IN INTEREST -
IDENTITY - Foster Wheeler Ltd
DESCRIPTION - 2,500 shares
COST - 61059
CURRENT VALUE - 73600

PARTY IN INTEREST -
IDENTITY - Harris Corporation
DESCRIPTION - 2,000 shares
COST - 27686
CURRENT VALUE - 95100

PARTY IN INTEREST -
IDENTITY - Itron Inc
DESCRIPTION - 900 shares
COST - 68920
CURRENT VALUE - 60813

PARTY IN INTEREST -
IDENTITY - Noble Energy Inc
DESCRIPTION - 2,500 shares
COST - 50078
CURRENT VALUE - 178050

PARTY IN INTEREST -
IDENTITY - Petsmart
DESCRIPTION - 7,000 shares

COST - 173899
CURRENT VALUE - 186830

PARTY IN INTEREST -
IDENTITY - Republic Services In
DESCRIPTION - 3,150 shares
COST - 94627
CURRENT VALUE - 89176

PARTY IN INTEREST -
IDENTITY - Resmed Inc
DESCRIPTION - 3,000 shares
COST - 137172
CURRENT VALUE - 156810

PARTY IN INTEREST -
IDENTITY - Thermo Electron CP
DESCRIPTION - 3,000 shares
COST - 96171
CURRENT VALUE - 143070

PARTY IN INTEREST -
IDENTITY - Trimble Navigation L
DESCRIPTION - 2,400 shares
COST - 46546
CURRENT VALUE - 60480

PARTY IN INTEREST -
IDENTITY - Encore Acquistion Co
DESCRIPTION - 4,000 shares
COST - 113800
CURRENT VALUE - 192080

PARTY IN INTEREST -
IDENTITY - FMC Corporation
DESCRIPTION - 2,200 shares
COST - 97614
CURRENT VALUE - 122672

PARTY IN INTEREST -
IDENTITY - Kirby Corporation
DESCRIPTION - 4,500 shares
COST - 52609
CURRENT VALUE - 156735

PARTY IN INTEREST -
IDENTITY - Tractor Supply Compa
DESCRIPTION - 2,000 shares
COST - 79988
CURRENT VALUE - 105940

PARTY IN INTEREST -
IDENTITY - Duke Energy Corp
DESCRIPTION - 4.5% due 6-1-10
COST - 152145
CURRENT VALUE - 151963

PARTY IN INTEREST -
IDENTITY - Florida Power Corp

DESCRIPTION - 4.5% due 6-1-10
COST - 198102
CURRENT VALUE - 203275

PARTY IN INTEREST -
IDENTITY - Home Depot Inc
DESCRIPTION - 4.625% due 8-15-10
COST - 150896
CURRENT VALUE - 153556

PARTY IN INTEREST -
IDENTITY - Oracle Corp/Ozark
DESCRIPTION - 5% due 1-15-11
COST - 99410
CURRENT VALUE - 103990

PARTY IN INTEREST -
IDENTITY - Cisco Sys Inc
DESCRIPTION - 5.25% due 2-22-11
COST - 149442
CURRENT VALUE - 157399

PARTY IN INTEREST -
IDENTITY - United Technologies
DESCRIPTION - 6.1% due 5-15-12
COST - 210794
CURRENT VALUE - 218709

PARTY IN INTEREST -
IDENTITY - Sysco Corp
DESCRIPTION - 4.2% due 2-12-13
COST - 101036
CURRENT VALUE - 104615

PARTY IN INTEREST -
IDENTITY - Honeywell Internatio
DESCRIPTION - 4.25% due 3-1-13
COST - 100782
CURRENT VALUE - 104984

PARTY IN INTEREST -
IDENTITY - 3M company Med Term
DESCRIPTION - 4.375% due 8-15-13
COST - 201132
CURRENT VALUE - 215327

PARTY IN INTEREST -
IDENTITY - Wal-Mart Stores
DESCRIPTION - 3.2% due 5-15-14
COST - 100688
CURRENT VALUE - 101835

PARTY IN INTEREST -
IDENTITY - Microsoft Corp
DESCRIPTION - 2.95% due 6-1-14
COST - 100419
CURRENT VALUE - 101071

PARTY IN INTEREST -

IDENTITY - Fisher Scientific In
DESCRIPTION - 6.12% due 7-1-15
COST - 49500
CURRENT VALUE - 51563

PARTY IN INTEREST -
IDENTITY - Goldman Sachs Group
DESCRIPTION - 6.875% due 1-15-11
COST - 218600
CURRENT VALUE - 212085

PARTY IN INTEREST -
IDENTITY - Berkshire Hathaway I
DESCRIPTION - 4.75% due 5-15-12
COST - 155603
CURRENT VALUE - 159910

PARTY IN INTEREST -
IDENTITY - Sherwin Williams
DESCRIPTION - 3.125% due 12-15-14
COST - 150497
CURRENT VALUE - 148146

PARTY IN INTEREST -
IDENTITY - General Dynamics
DESCRIPTION - 4.5% due 8-15-10
COST - 150615
CURRENT VALUE - 153871

PARTY IN INTEREST -
IDENTITY - Procter and Gamble
DESCRIPTION - 1.35% due 8-26-11
COST - 151586
CURRENT VALUE - 150771

PARTY IN INTEREST -
IDENTITY - Praxair Inc
DESCRIPTION - 1.75% due 11-15-12
COST - 149982
CURRENT VALUE - 148550

PARTY IN INTEREST -
IDENTITY - Thermo Fisher Scient
DESCRIPTION - 2.15% due 12-28-12
COST - 99767
CURRENT VALUE - 98620

PARTY IN INTEREST -
IDENTITY - IBM Corp
DESCRIPTION - 2.1% due 5-6-13
COST - 149919
CURRENT VALUE - 149700

PARTY IN INTEREST -
IDENTITY - EI DU Pont De Namour
DESCRIPTION - 3.25% due 1-15-15
COST - 127469
CURRENT VALUE - 123829