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
TEXAS ENTERPRISES AND TRIPLE S PETROLEUM 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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

5005 E. 7TH STREET
AUSTIN, TX 78702-5022

2b Employer Identification Number (EIN)
74-1858874

2c Sponsor's telephone number
512-385-2020

2d Business code (see instructions)
423100

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.	10/07/2010	CODY DOUGLAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	CODY DOUGLAS
	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")
TEXAS ENTERPRISES, INC.

5005 E. 7TH STREET
AUSTIN, TX 78702-5022

3b Administrator's EIN
74-1858874

3c Administrator's telephone number
512-385-2020

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**	253
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**	227
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	240
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	240
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**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	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	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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
TEXAS ENTERPRISES AND TRIPLE S PETROLEUM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1858874

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
METROPOLITAN LIFE 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
13-5581829	65978	455979-01	0	01/01/2009	12/08/2009

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
552	0

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

METLIFE GENERAL INSURANCE AGENCY
300 DAVIDSON AV FL EAST
SOMERSET, NJ 08873-4175

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
552			3

(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	

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ 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	360575
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6974		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	6974
d	Total of balance and additions (add **b** and **c(6)**)			7d	367549
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)	367549		
	▶ TRANSFER TO OTHER INSURANCE COMPANY				
	(5) Total deductions			7e(5)	367549
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

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 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
TEXAS ENTERPRISES AND TRIPLE S PETROLEUM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1858874

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
JOHN HANCOCK LIFE 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	Policy or contract year (g) To
01-0233346	65838	90180	169	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
17307	745

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
ENTERPRISE GENERAL INSURANCE AGENCY
27-01 QUEENS PLAZA NORTH
LONG ISLAND CITY, NY 11101-4007

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
7925	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SCHOLZ, KLEIN AND FRIENDS
8610 NORTH NEW BRAUNFELS
SUITE 702
SAN ANTONIO, TX 78217-6455

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
9382	745	DISTRIBUTION PAYMENT PROCESSING	5

(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	

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	4015852

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ 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	1498
c	Additions: (1) Contributions deposited during the year	7c(1)	67629		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	270		
	(4) Transferred from separate account	7c(4)	22388		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	90287
d	Total of balance and additions (add **b** and **c(6)**)			7d	91785
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5368		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	1037		
	(4) Other (specify below)	7e(4)	69		
	▶ TPA FEES AND MARKET VALUE ADJUSTMENT				
	(5) Total deductions			7e(5)	6474
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	85311

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
TEXAS ENTERPRISES AND TRIPLE S PETROLEUM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1858874

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).. . . . . [X] 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

JOHN HANCOCK LIFE INSURANCE COMPANY

RETIREMENT PLAN SERVICES ETS
PO BOX 600
BUFFALO, NY 14201-0600

01-0233346

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

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

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

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

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

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)

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

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

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

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

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

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

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

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

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

(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 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
TEXAS ENTERPRISES AND TRIPLE S PETROLEUM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1858874

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: LIFECYCLE 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	4998

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	2772

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	27294

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	14489

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	45324

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	16867

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	65595

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5145
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58574
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32870
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	220152
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED G.I.F.L.			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	97939
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE G.I.F.L.			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	139043
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE GLOBAL DIVERSIFN G.I.F.L.			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	201826
a Name of MTIA, CCT, PSA, or 103-12 IE: KEELEY SMALL CAP VALUE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	199821
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	192172

a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102267

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP WORLD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25036

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15696

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW WORLD FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 734

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185229

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27238

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP VALUE INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61082

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 692

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 399504

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW PERSPECTIVE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37800
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	250
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	294
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23186
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5377
a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	487425
a Name of MTIA, CCT, PSA, or 103-12 IE: DWS RREEF REAL ESTATE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77360
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL INCOME BUILDER			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56520
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13404

a Name of MTIA, CCT, PSA, or 103-12 IE:	INCOME FUND OF AMERICA		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	604
a Name of MTIA, CCT, PSA, or 103-12 IE:	WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	371970
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15854
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	328779
a Name of MTIA, CCT, PSA, or 103-12 IE:	REAL RETURN BOND FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	TOTAL RETURN FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	226674
a Name of MTIA, CCT, PSA, or 103-12 IE:	WAMCO U.S. GOVERNMENT SEC FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	197
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN HIGH-INCOME FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	700
a Name of MTIA, CCT, PSA, or 103-12 IE:	OPPENHEIMER INTL BOND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	764
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL WORLD BOND FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	679

a Name of MTIA, CCT, PSA, or 103-12 IE: THE BOND FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62845

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162557

a Name of MTIA, CCT, PSA, or 103-12 IE: METROPOLITAN SERIES FUND

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
TEXAS ENTERPRISES AND TRIPLE S PETROLEUM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1858874

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		539
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14232	4396
(2) Participant contributions	1b(2)	24558	3353
(3) Other	1b(3)		291
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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2623714	4015852
(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)	360575	85311
(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	3023079	4109742
	Liabilities			
g	Benefit claims payable	1g		0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		680
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	680
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3023079	4109062

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)	195372	
	(B) Participants	2a(1)(B)	347732	
	(C) Others (including rollovers)	2a(1)(C)	55199	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		598303
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7244	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7244
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		914681
(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		291
d Total income. Add all **income** amounts in column (b) and enter total	2d		1520519
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	409923	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		409923
f Corrective distributions (see instructions)	2f		22774
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	745	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1094	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1839
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		434536
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1085983
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: PMB HELIN DONOVAN, LLP (2) EIN: 74-3001153

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		81435
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		500000
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
TEXAS ENTERPRISES AND TRIPLE S PETROLEUM 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1858874

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): 20-3691708

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):

PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM 401(K) RETIREMENT PLAN

Financial Statements and Supplemental Schedules
December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM
401(k) RETIREMENT PLAN
Index to the Financial Statements
December 31, 2009 and 2008

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Financial Statements:	
Statements of Net Assets Available for Benefits, December 31, 2009 and 2008	2
Statement of Changes in Net Assets Available for Benefits, Year ended December 31, 2009	3
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Supplemental Schedules:	
Form 5500, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions, Year ended December 31, 2009	10
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year), December 31, 2009 (Unaudited)	11
Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions, Year ended December 31, 2009 (Unaudited)	12

PMB Helin Donovan
CONSULTANTS & CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Plan Administrator
Texas Enterprises and Triple S Petroleum 401(k) Retirement Plan:

We were engaged to audit the Statements of Net Assets Available for Benefits of Texas Enterprises and Triple S Petroleum 401(k) Retirement Plan (the Plan) as of December 31, 2009 and 2008, and its Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, and the supplemental schedules as of December 31, 2009, as listed in the accompanying index. The accompanying financial statements and schedules 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 John Hancock Life Insurance Company, the current custodian of the Plan, and FASCore, LLC, the former custodian of the Plan, with respect to information as of December 31, 2009 and 2008, except for comparing the information with the related information included in the financial statements and supplemental schedules. The plan administrator has informed us that the custodians hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodians 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 custodians 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodians, have been audited by us in accordance with generally accepted auditing standards 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.

PMB Helin Donovan, LLP

Austin, Texas
September 21, 2010

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM
401K RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair value:		
Cash and money market funds	$ 163,095	$ 36,518
Pooled separate accounts	3,853,294	2,587,196
Guaranteed interest funds	85,311	360,575
Total investments	4,101,700	2,984,289
Employee contributions receivable	3,354	24,558
Employer contributions receivable	4,688	14,232
Total receivables	8,042	38,790
Net assets available for benefits, at fair value	4,109,742	3,023,079
Liabilities:		
Excess contributions payable	13,366	22,774
Other payable	680	-
	14,046	22,774
Net assets available for benefits	$ 4,095,696	$ 3,000,305

See accompanying notes to financial statements.

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM
401K RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to net assets:		
Investment income		
Net appreciation in fair value of investments	$	914,681
Interest and dividend income		7,244
Total investment income		921,925
Contributions		
Employee contributions		347,732
Employer contributions		195,663
Rollover contributions		55,199
Total contributions		598,594
Total additions to net assets		1,520,519
Deductions from net assets:		
Benefits paid to participants		423,289
Administrative expenses		1,839
Total deductions from net assets		425,128
Net increase in net assets available for benefits		1,095,391
Net assets available for benefits – beginning of year		3,000,305
Net assets available for benefits – end of year	$	4,095,696

See accompanying notes to financial statements.

(1) Description of Plan

The following brief description of the Texas Enterprises and Triple S Petroleum 401(k) Retirement Plan (the "Plan"), which was in effect as of December 31, 2009, provides only general information. Participants should refer to the plan document for a more complete description.

(a) General

The Plan is a defined contribution plan established on January 1, 1998 for the benefit of all employees of Texas Enterprises, Inc. and Triple S Petroleum (collectively the "Plan Sponsor"), as provided under Section 401(a) of the Internal Revenue Code ("IRC"), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees are eligible to participate following the completion of one year of service and who are age 21 or older.

(b) Contributions

Participants may contribute up to 50% of their eligible compensation up to the maximum amount allowed by law ($16,500 for 2009) of pretax annual compensation, as defined in the Plan. Catch-up contributions are allowed up to the maximum amount allowed by law ($5,500 for 2009) for participants over 50 years of age. Participants may also contribute amounts representing distributions (or "rollovers") from other qualified defined benefit or contribution plans.

Participants direct the investment of their contributions into various investment options offered by the Plan, which consists of various money market funds, mutual funds, and investment contracts with insurance companies. Participants may change their respective contribution rates on the first day of any month and investment options daily (with a one day waiting period for the change to take effect). The Plan Sponsor is allowed to make discretionary matching contributions and non-elective contributions. The matching and non-elective contributions, if any, are invested pro-rata with the participant contributions and will be made only to eligible participants, subject to certain limitations. The Plan Sponsor's intent to provide matching or non-elective contributions is declared annually. During 2009, the Plan Sponsor matched eligible participant contributions dollar for dollar up to 3% of their respective deferrals totaling $195,663.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and (b) Plan earnings, net of fund administrative expenses. Currently all Plan administrative expenses are paid for in full by the Plan Sponsor; however, each participant's account will be charged with a pro-rata share of those respective expenses in the event the Plan Sponsor discontinues paying for them. Allocations are based on participant earnings or account balances, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Forfeited Accounts

Forfeited non-vested accounts are used to reduce future Plan Sponsor contributions. During 2009, the Plan obtained $331 in forfeited non-vested balances, of which $110 was utilized to reduce matching contributions. As of December 31, 2009 and 2008, forfeited balances available to offset future Plan Sponsor contributions were $691 and $262, respectively.

(e) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's matching or non-elective contributions plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service, summarized as follows:

Years of service	Percentage
1	33%
2	67%
3	100%

(f) Benefit Payments

Under the terms of the Plan, participants are eligible for benefit payments upon reaching age 59 ½. The Plan also provides for distributions to participants or their beneficiaries upon death, disability, or termination of employment. The participant shall be entitled to receive such vested benefits based on their participant account in one lump sum.

Upon termination of employment, if the participant's vested account balance is $1,000 or less, the benefit will be paid in a lump sum. If the vested account balance exceeds $1,000 but is less than $5,000, the benefit will be rolled over to an IRA provider selected by the Plan Sponsor at its discretion, unless otherwise directed by the participant. If the participant's account balance exceeds $5,000 the participant may choose to keep the funds in the Plan, request a direct rollover to another qualified plan, or take a lump sum distribution.

Upon termination of service due to death prior to retirement, the vested account balance will be paid to their spouse or beneficiary.

(g) Benefit Paid During Employment

As a general rule, participant's contributions will remain in the Plan as long as the participant remains employed by the Plan Sponsor. The Plan does provide exceptions to this rule for withdrawals of the participant's contributions under certain circumstances (subject to the satisfaction of the Plan Administrator and in accordance with the ERISA hardship guidelines) that include the following:

- Certain allowed medical expenses,
- Purchase of a principal residence,
- Post secondary education for participant or their dependents,
- To prevent eviction from or foreclosure on the participant's principal residence
- Payments for burial or funeral expenses for a participant's parent, spouse, children, or other dependents or the participant's primary beneficiary under the Plan, or
- Expenses for the repair of damage to a participant's principal residence that would qualify for the casualty deduction under the IRC (determined without regard to whether the loss exceeds 10% of adjusted gross income).

However, should a participant reach the normal retirement age and not elect to terminate employment, the participant can take an in-service distribution from their vested account balance.

(h) Administrative Expenses

Administrative expenses are paid for by the Plan Sponsor and represent fees charged by the asset custodians and third party plan administrators for asset management, participant account management, and benefit payment distributions. In the event the Plan Sponsor does not continue to pay the Plan expenses, the Plan expenses will be paid by the Plan and charged on a pro-rata basis to the value of the participants' account balances in accordance with the plan document.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting. The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America, which requires the pension committee to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

(b) Investment Valuation

The investments are carried at fair value. Fluctuations in fair value are reflected as net appreciation (depreciation) in fair value of investments. Purchases and sales of securities are recorded on a trade date basis. Shares of pooled separate accounts and money market funds are reported at fair value based on the quoted market price of the underlying fund, which represents the net asset value of the shares held by the fund at year end. Investments in guaranteed interest fund contracts ("GIC's") are reported at fair value as determined by the insurance company.

(c) Risks and Uncertainties

The assets of the Plan consist primarily of investments held at fair value. These investments are subject to market risks and are influenced by such factors as investment objectives, interest rates, stock market performance, economic conditions, and world affairs. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

(d) Payments of Benefits

Benefits are recorded when paid.

(3) Investments (Unaudited)

Under the terms of two mutually exclusive custody agreements with John Hancock Life Insurance Company, the current custodian, and FASCore, LLC, the former custodian (collectively "the Custodians"), the Custodians execute transactions in investment fund accounts on behalf of the Plan and has furnished the Plan Sponsor certifications that the plan assets and changes therein are complete and accurate. The certifications include investments, accrued investment income, investment income, and net appreciation (depreciation) in fair value of investments.

The following table presents investments that are 5% or more of the Plan's net assets at December 31, 2009 and 2008:

	2009	2008
Pooled Separate Accounts, at fair value		
ACF - Balanced Fund	$ 328,779	$ 296,023
ACF - EuroPacific Growth Fund	$ 185,229	$ 184,118
ACF - Fundamental Investors Fund	$ 399,504	$ 403,575
ACF - The Growth Fund of America	$ 487,425	$ 390,132
ACF - Washington Mutual Investor Fund	$ 371,970	$ 334,053
Keeley Small Cap Value Fund	$ 199,821	$ 150,500
MFC - Lifestyle Conservative	$ 220,152	$ 21,848
PIMCO - Total Return Fund	$ 226,674	$ 173,687
Guaranteed Interest Funds		
MetLife - R&S NAV Pooled GIC	$ -	$ 360,575

During the year ended December 31, 2009, the fair value of the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $914,681 as follows:

Pooled Separate Accounts	$ 914,681

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

a. Investments, at fair value, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2009 and 2008.

b. Interest, dividends and net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits, for the year ended December 31, 2009.

c. The Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2009, as shown in the attached schedule on page 11.

d. The Schedule of Reportable Transactions for the year ended December 31, 2009, as shown in the attached schedule on page 12.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(4) Guaranteed Interest Fund

The Plan offers investment options in guaranteed interest contracts ("GICs") issued by insurance companies and other financial institutions. The insurance companies maintain the contributions made by the participants in a general account. The account is credited with any earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

The Funds are considered to be "non-benefit responsive" and the fair value approximates the contract value as of December 31, 2009 and 2008. Therefore, the Plan's statements of net assets available for benefits present the fair value of the Funds and the Statement of Changes in Net Assets Available for Benefits includes the changes in fair value for the Funds.

(5) Fair Value Measurements

The fair value of the Plan's financial instruments reflects the amounts that the Plan estimates to receive in connection with the sale of an asset or paid in connection with the transfer of a liability in an orderly transaction between market participants at the measurement date (exit price). The guidance also established a fair value hierarchy that prioritizes the use of inputs used in valuation techniques into the following three levels:

Financial instruments are considered Level 1 when their values are determined using quoted prices in active markets for identical assets that the reporting entity has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1, such as quoted prices for similar assets in active or inactive markets, inputs other than quoted prices that are observable for the asset, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Financial instruments are considered Level 3 when their values are determined using pricing models, discounted cash flow methodologies or similar techniques and at least one significant model assumption or input is unobservable. Level 3 financial instruments also include those for which the determination of fair value requires significant management judgment or estimation.

In accordance with the authoritative accounting guidance, the following table represents the Plan's fair value hierarchy for its investments measured at fair value on a recurring basis as of December 31, 2009:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	As of December 31, 2009
Investments				
Cash and money market funds	$ 163,095	$ -	$ -	$ 163,095
Pooled separate accounts	3,853,294	-	-	3,853,294
Guaranteed interest funds	-	85,311	-	85,311
Total Assets	$ 4,016,389	$ 85,311	$ -	$ 4,101,700

The following table represents the Plan's fair value hierarchy for its investments measured at fair value on a recurring basis as of December 31, 2008:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	As of December 31, 2008
Investments				
Cash and money market funds	$ 36,518	$ -	$ -	$ 36,518
Pooled separate accounts	2,587,196	-	-	2,587,196
Guaranteed interest funds	-	360,575	-	360,575
Total Assets	$ 2,623,714	$ 360,575	$ -	$ 2,984,289

(6) Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

(7) Related Parties

The Plan Sponsor provided certain administrative services without consideration during the year ended December 31, 2009. In addition, the Plan Sponsor paid administrative fees to their third party administrator totaling $9,382 during the year ended December 31, 2009.

(8) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 4,095,696	$ 3,000,305
Add: excess contributions payable	13,366	22,774
Net assets available for benefits per the Form 5500	$ 4,109,062	$ 3,023,079

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

Total net increase per financial statements	$ 1,095,391
Add: excess contributions payable at December 31, 2009	13,366
Less: excess contributions payable at December 31, 2008	(22,774)
Total net increase per the Form 5500	$ 1,085,983

(9) Tax Status

The Plan is modeled after a standard defined contribution plan as designed by the plan administrator. The plan administrator has received an opinion letter from the Internal Revenue Service stating that the standard defined contribution plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since the plan administrator received the opinion letter; however, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

(10) Fidelity Bond

During the year ended December 31, 2009, the Plan was insured by a fidelity bond covering 10% of the plan assets as required by Department of Labor (DOL) regulations.

(11) Prohibited Transactions

During 2009, the Plan Sponsor failed to remit certain participant contributions in a timely manner in violation of DOL regulations, as shown on the supplemental schedule of Delinquent Participant Contributions. The Plan Sponsor plans to remit the amounts to restore lost earnings during the next fiscal period as estimated using the resources provided by the DOL.

(12) Subsequent Events

The Plan Sponsor has evaluated subsequent events through September 21, 2010, the date the financial statements were available for issuance.

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM
401K RETIREMENT PLAN
Employer Identification Number (EIN) 74-1858874
Plan Number (PN) 001
Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
Year ended December 31, 2009

	Total that Constitute Non-exempt Prohibited Transactions				
Participant Contributions Transferred Late to the Plan	**Contributions Not Corrected**	**Contributions Corrected Outside of VFCP**	**Contributions Pending Correction in VFCP**	**Interest Funded**	**Total Fully Corrected Under VFCP and PTE 2002-51**
$ 2,141	$ -	$ 2,141	$ -	$ -	$ -
$ 4,665	$ -	$ 4,665	$ -	$ -	$ -
$ 2,098	$ -	$ 2,098	$ -	$ -	$ -
$ 13,971	$ -	$ 13,971	$ -	$ -	$ -
$ 1,883	$ -	$ 1,883	$ -	$ -	$ -
$ 1,353	$ -	$ 1,353	$ -	$ -	$ -
$ 1,723	$ -	$ 1,723	$ -	$ -	$ -
$ 315	$ 315	$ -	$ -	$ -	$ -
$ 10,780	$ 10,780	$ -	$ -	$ -	$ -
$ 53	$ 53	$ -	$ -	$ -	$ -
$ 2,467	$ -	$ 2,467	$ -	$ -	$ -
$ 10,282	$ -	$ 10,282	$ -	$ -	$ -
$ 11,884	$ -	$ 11,884	$ -	$ -	$ -
$ 795	$ -	$ 795	$ -	$ -	$ -
$ 13,137	$ -	$ 13,137	$ -	$ -	$ -
$ 321	$ -	$ 321	$ -	$ -	$ -
$ 886	$ -	$ 886	$ -	$ -	$ -
$ 855	$ -	$ 855	$ -	$ -	$ -
$ 1,824	$ -	$ 1,824	$ -	$ -	$ -

See accompanying independent auditors' report.

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM
401K RETIREMENT PLAN
Employer Identification Number (EIN) 74-1858874
Plan Number (PN) 001
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009 (Unaudited)

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Funds			
*	John Hancock Insurance Company	Money Market Fund	**	$ 163,095
	Pooled Separate Accounts			
*	John Hancock Insurance Company	American Century Funds - Balanced Fund	**	328,779
		American Century Funds - Century Vista Fund	**	15,696
		American Century Funds - High Income Fund	**	700
		American Century Funds - Capital Income Builder Fund	**	56,520
		American Century Funds - Capital World Bond Fund	**	679
		American Century Funds - Capital World Growth & Income Fund	**	692
		American Century Funds - EuroPacific Growth Fund	**	185,229
		American Century Funds - Fundamental Investors Fund	**	399,504
		American Century Funds - The Income Fund of America	**	604
		American Century Funds - Investment Company of America	**	15,854
		American Century Funds - New Perspective Fund	**	37,800
		American Century Funds - New World Fund	**	734
		American Century Funds - SMALLCAP World Fund	**	254
		American Century Funds - The Bond Fund of America	**	62,845
		American Century Funds - The Growth Fund of America	**	487,425
		American Century Funds - Washington Mutual Investors Fund	**	371,970
		Davis Funds - New York Venture Fund	**	77,360
		Dimensional Fund Advisors - Emerging Markets Value Fund	**	192,172
		Dimensional Fund Advisors - U.S. Small Cap Fund	**	25,036
		DWS Investments Funds - RREEF Real Estate Fund	**	27,238
		Franklin Templeton - Balance Sheet Fund	**	250
		JP Morgan Funds - Mid-Cap Value Index Fund	**	61,082
		Keeley Asset Management Corp. - Small Cap Value Fund	**	199,821
		MFC Global Investment Management - 500 Index Fund	**	13,404
		MFC Global Investment Management - Core Global Diversification	**	201,826
		MFC Global Investment Management - Lifecycle 2015 Fund	**	65,595
		MFC Global Investment Management - Lifecycle 2020 Fund	**	16,867
		MFC Global Investment Management - Lifecycle 2025 Fund	**	45,324
		MFC Global Investment Management - Lifecycle 2030 Fund	**	14,489
		MFC Global Investment Management - Lifecycle 2035 Fund	**	27,294
		MFC Global Investment Management - Lifecycle 2040 Fund	**	2,772
		MFC Global Investment Management - Lifecycle 2045 Fund	**	4,998
		MFC Global Investment Management - Lifestyle Aggressive Fund	**	5,145
		MFC Global Investment Management - Lifestyle Balanced Fund	**	130,809
		MFC Global Investment Management - Lifestyle Conservative Fund	**	220,152
		MFC Global Investment Management - Lifestyle Growth Fund	**	58,574
		MFC Global Investment Management - Lifestyle Moderate GIFL Fund	**	139,043
		MFC Global Investment Management - Mid Cap Index Fund	**	294
		MFC Global Investment Management - Total Stock Market Index Fund	**	5,377
		Oppenheimer Funds - Global Fund	**	23,186
		Oppenheimer Funds - International Bond Fund	**	764
		PIMCO Funds - Total Return Fund	**	226,674
		Wellington Funds - Natural Resources Fund	**	102,267
		Western Asset Management Company - U.S. Government Security Fund	**	196
				3,853,294
	Guaranteed Interest Fund			
*	John Hancock Insurance Company	5-year Compound Fund	**	85,311
				$ 4,101,700

* Party-in-interest
** Self-directed investment

See accompanying independent auditors' report.

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM
401K RETIREMENT PLAN
Employer Identification Number (EIN) 74-1858874
Plan Number (PN) 001
Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
Year ended December 31, 2009 (Unaudited)

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net loss
Single transactions:						
MetLife Insurance Company	MetLife Pooled GIC	—	$ 157,156	$ 148,878	$ 157,156	$ 8,278
MetLife Insurance Company	MetLife Pooled GIC	—	$ 206,847	$ 190,549	$ 206,847	$ 16,298

See accompanying independent auditors' report.

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: **Texas Enterprises, Inc.**

Employer identification number: **74-1858874**

Plan Year **01/01/2009** to **12/31/2009**

Three-digit plan number ▶ **001**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
MetLife Ins Company	MetLife Pooled GIC 1MTSV6H		157156			148878	157156	8278
MetLife Ins Company	MetLife Pooled GIC 1MTSV6H		206847			190549	206817	16268

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan

Texas Enterprises and Triple S Petroleum 401(k) Retirement Plan

Employer Identification Number

74-1858874

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	John Hancock USA	Lifecycle 2035		27,294
	John Hancock USA	Lifecycle 2025		45,324
	John Hancock USA	Lifecycle 2015		65,595
	John Hancock USA	Lifestyle Growth		58,574
	John Hancock USA	Lifestyle Conservative		220,152
	John Hancock USA	DFA Emerging Markets Value		192,172
	John Hancock USA	Keeley Small Cap Value		199,821
	John Hancock USA	DFA U.S. Small Cap Fund		25,036
	John Hancock USA	American Century Vista		15,696
	John Hancock USA	Natural Resources Fund		102,267
	John Hancock USA	EuroPacific Growth Fund		185,229
	John Hancock USA	Oppenheimer Global		23,186
	John Hancock USA	New Perspective Fund		37,800
	John Hancock USA	The Growth Fund of America		487,425
	John Hancock USA	Real Estate Securities Fund		27,238
	John Hancock USA	Mid-Cap Value Index Fund		61,082
	John Hancock USA	Fundamental Investors		399,504
	John Hancock USA	500 Index Fund		13,404
	John Hancock USA	Davis New York Venture		77,360
	John Hancock USA	Investment Company of America		15,854
	John Hancock USA	Washington Mutual Investors		371,970
	John Hancock USA	Capital Income Builder		56,520
	John Hancock USA	American Balanced Fund		328,779
	John Hancock USA	Total Return Fund		226,674
	John Hancock USA	The Bond Fund of America		62,845
	John Hancock USA	Money Market Fund		162,557
	John Hancock USA	Lifecycle 2045		4,998
	John Hancock USA	Lifecycle 2040		2,772
	John Hancock USA	Lifecycle 2030		14,489
	John Hancock USA	Lifecycle 2020		16,867
	John Hancock USA	Lifestyle Aggressive		5,145
	John Hancock USA	Lifestyle Balanced		32,870
	John Hancock USA	Lifestyle Balanced GIFL		97,939
	John Hancock USA	Lifestyle Moderate GIFL		139,043
	John Hancock USA	Core Glbl Diversification GIFL		201,826
	John Hancock USA	New World Fund		734
	John Hancock USA	Smallcap World Fund		254
	John Hancock USA	Total Stock Market Index Fund		5,377
	John Hancock USA	Franklin Balance Sheet		250

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan
Texas Enterprises and Triple S Petroleum 401(k) Retirement Plan

Employer Identification Number
74-1858874

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	John Hancock USA	Mid Cap Index Fund		294
	John Hancock USA	Capital World Growth & Income		692
	John Hancock USA	Income Fund of America		604
	John Hancock USA	WAMCO US Gov Sec Fund		197
	John Hancock USA	Oppenheimer International Bond		764
	John Hancock USA	Capital World Bond Fund		679
	John Hancock USA	American High-Income Fund		700
	John Hancock USA	5-Year Compound		85,311

Schedule H, Line 4a

Schedule of Delinquent Participant Contributions

For the plan year beginning **01/01/2009** and ending **12/31/2009**
Name of plan **Texas Enterprises and Triple S Petroleum 401(k) Retirement Plan**
Employer Identification Number **74-1858877**

Participant Contributions Transferred Late to Plan	**Total that Constitute Nonexempt Prohibited Transactions**			**Total Fully Corrected Under VFCP and PTE 2002-51**
Check here if Late Participant Loan Repayments are included: ☐	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	
$81,435	$11,147	$70,287	$0	$0

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM
401K RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair value:		
Cash and money market funds	$ 163,095	$ 36,518
Pooled separate accounts	3,853,294	2,587,196
Guaranteed interest funds	85,311	360,575
Total investments	4,101,700	2,984,289
Employee contributions receivable	3,354	24,558
Employer contributions receivable	4,688	14,232
Total receivables	8,042	38,790
Net assets available for benefits, at fair value	4,109,742	3,023,079
Liabilities:		
Excess contributions payable	13,366	22,774
Other payable	680	-
	14,046	22,774
Net assets available for benefits	$ 4,095,696	$ 3,000,305

See accompanying notes to financial statements.

TEXAS ENTERPRISES AND TRIPLE S PETROLEUM
401K RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to net assets:		
Investment income		
Net appreciation in fair value of investments	$	914,681
Interest and dividend income		7,244
Total investment income		921,925
Contributions		
Employee contributions		347,732
Employer contributions		195,663
Rollover contributions		55,199
Total contributions		598,594
Total additions to net assets		1,520,519
Deductions from net assets:		
Benefits paid to participants		423,289
Administrative expenses		1,839
Total deductions from net assets		425,128
Net increase in net assets available for benefits		1,095,391
Net assets available for benefits – beginning of year		3,000,305
Net assets available for benefits – end of year	$	4,095,696

See accompanying notes to financial statements.

(1) Description of Plan

The following brief description of the Texas Enterprises and Triple S Petroleum 401(k) Retirement Plan (the "Plan"), which was in effect as of December 31, 2009, provides only general information. Participants should refer to the plan document for a more complete description.

(a) General

The Plan is a defined contribution plan established on January 1, 1998 for the benefit of all employees of Texas Enterprises, Inc. and Triple S Petroleum (collectively the "Plan Sponsor"), as provided under Section 401(a) of the Internal Revenue Code ("IRC"), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees are eligible to participate following the completion of one year of service and who are age 21 or older.

(b) Contributions

Participants may contribute up to 50% of their eligible compensation up to the maximum amount allowed by law ($16,500 for 2009) of pretax annual compensation, as defined in the Plan. Catch-up contributions are allowed up to the maximum amount allowed by law ($5,500 for 2009) for participants over 50 years of age. Participants may also contribute amounts representing distributions (or "rollovers") from other qualified defined benefit or contribution plans.

Participants direct the investment of their contributions into various investment options offered by the Plan, which consists of various money market funds, mutual funds, and investment contracts with insurance companies. Participants may change their respective contribution rates on the first day of any month and investment options daily (with a one day waiting period for the change to take effect). The Plan Sponsor is allowed to make discretionary matching contributions and non-elective contributions. The matching and non-elective contributions, if any, are invested pro-rata with the participant contributions and will be made only to eligible participants, subject to certain limitations. The Plan Sponsor's intent to provide matching or non-elective contributions is declared annually. During 2009, the Plan Sponsor matched eligible participant contributions dollar for dollar up to 3% of their respective deferrals totaling $195,663.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and (b) Plan earnings, net of fund administrative expenses. Currently all Plan administrative expenses are paid for in full by the Plan Sponsor; however, each participant's account will be charged with a pro-rata share of those respective expenses in the event the Plan Sponsor discontinues paying for them. Allocations are based on participant earnings or account balances, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Forfeited Accounts

Forfeited non-vested accounts are used to reduce future Plan Sponsor contributions. During 2009, the Plan obtained $331 in forfeited non-vested balances, of which $110 was utilized to reduce matching contributions. As of December 31, 2009 and 2008, forfeited balances available to offset future Plan Sponsor contributions were $691 and $262, respectively.

(e) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's matching or non-elective contributions plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service, summarized as follows:

Years of service	Percentage
1	33%
2	67%
3	100%

(f) Benefit Payments

Under the terms of the Plan, participants are eligible for benefit payments upon reaching age 59 ½. The Plan also provides for distributions to participants or their beneficiaries upon death, disability, or termination of employment. The participant shall be entitled to receive such vested benefits based on their participant account in one lump sum.

Upon termination of employment, if the participant's vested account balance is $1,000 or less, the benefit will be paid in a lump sum. If the vested account balance exceeds $1,000 but is less than $5,000, the benefit will be rolled over to an IRA provider selected by the Plan Sponsor at its discretion, unless otherwise directed by the participant. If the participant's account balance exceeds $5,000 the participant may choose to keep the funds in the Plan, request a direct rollover to another qualified plan, or take a lump sum distribution.

Upon termination of service due to death prior to retirement, the vested account balance will be paid to their spouse or beneficiary.

(g) Benefit Paid During Employment

As a general rule, participant's contributions will remain in the Plan as long as the participant remains employed by the Plan Sponsor. The Plan does provide exceptions to this rule for withdrawals of the participant's contributions under certain circumstances (subject to the satisfaction of the Plan Administrator and in accordance with the ERISA hardship guidelines) that include the following:

- Certain allowed medical expenses,
- Purchase of a principal residence,
- Post secondary education for participant or their dependents,
- To prevent eviction from or foreclosure on the participant's principal residence
- Payments for burial or funeral expenses for a participant's parent, spouse, children, or other dependents or the participant's primary beneficiary under the Plan, or
- Expenses for the repair of damage to a participant's principal residence that would qualify for the casualty deduction under the IRC (determined without regard to whether the loss exceeds 10% of adjusted gross income).

However, should a participant reach the normal retirement age and not elect to terminate employment, the participant can take an in-service distribution from their vested account balance.

(h) Administrative Expenses

Administrative expenses are paid for by the Plan Sponsor and represent fees charged by the asset custodians and third party plan administrators for asset management, participant account management, and benefit payment distributions. In the event the Plan Sponsor does not continue to pay the Plan expenses, the Plan expenses will be paid by the Plan and charged on a pro-rata basis to the value of the participants' account balances in accordance with the plan document.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting. The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America, which requires the pension committee to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

(b) Investment Valuation

The investments are carried at fair value. Fluctuations in fair value are reflected as net appreciation (depreciation) in fair value of investments. Purchases and sales of securities are recorded on a trade date basis. Shares of pooled separate accounts and money market funds are reported at fair value based on the quoted market price of the underlying fund, which represents the net asset value of the shares held by the fund at year end. Investments in guaranteed interest fund contracts ("GIC's") are reported at fair value as determined by the insurance company.

(c) Risks and Uncertainties

The assets of the Plan consist primarily of investments held at fair value. These investments are subject to market risks and are influenced by such factors as investment objectives, interest rates, stock market performance, economic conditions, and world affairs. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

(d) Payments of Benefits

Benefits are recorded when paid.

(3) Investments (Unaudited)

Under the terms of two mutually exclusive custody agreements with John Hancock Life Insurance Company, the current custodian, and FASCore, LLC, the former custodian (collectively "the Custodians"), the Custodians execute transactions in investment fund accounts on behalf of the Plan and has furnished the Plan Sponsor certifications that the plan assets and changes therein are complete and accurate. The certifications include investments, accrued investment income, investment income, and net appreciation (depreciation) in fair value of investments.

The following table presents investments that are 5% or more of the Plan's net assets at December 31, 2009 and 2008:

	2009	2008
Pooled Separate Accounts, at fair value		
ACF - Balanced Fund	$ 328,779	$ 296,023
ACF - EuroPacific Growth Fund	$ 185,229	$ 184,118
ACF - Fundamental Investors Fund	$ 399,504	$ 403,575
ACF - The Growth Fund of America	$ 487,425	$ 390,132
ACF - Washington Mutual Investor Fund	$ 371,970	$ 334,053
Keeley Small Cap Value Fund	$ 199,821	$ 150,500
MFC - Lifestyle Conservative	$ 220,152	$ 21,848
PIMCO - Total Return Fund	$ 226,674	$ 173,687
Guaranteed Interest Funds		
MetLife - R&S NAV Pooled GIC	$ -	$ 360,575

During the year ended December 31, 2009, the fair value of the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $914,681 as follows:

Pooled Separate Accounts	$ 914,681

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

a. Investments, at fair value, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2009 and 2008.

b. Interest, dividends and net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits, for the year ended December 31, 2009.

c. The Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2009, as shown in the attached schedule on page 11.

d. The Schedule of Reportable Transactions for the year ended December 31, 2009, as shown in the attached schedule on page 12.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(4) Guaranteed Interest Fund

The Plan offers investment options in guaranteed interest contracts ("GICs") issued by insurance companies and other financial institutions. The insurance companies maintain the contributions made by the participants in a general account. The account is credited with any earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

The Funds are considered to be "non-benefit responsive" and the fair value approximates the contract value as of December 31, 2009 and 2008. Therefore, the Plan's statements of net assets available for benefits present the fair value of the Funds and the Statement of Changes in Net Assets Available for Benefits includes the changes in fair value for the Funds.

(5) Fair Value Measurements

The fair value of the Plan's financial instruments reflects the amounts that the Plan estimates to receive in connection with the sale of an asset or paid in connection with the transfer of a liability in an orderly transaction between market participants at the measurement date (exit price). The guidance also established a fair value hierarchy that prioritizes the use of inputs used in valuation techniques into the following three levels:

Financial instruments are considered Level 1 when their values are determined using quoted prices in active markets for identical assets that the reporting entity has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1, such as quoted prices for similar assets in active or inactive markets, inputs other than quoted prices that are observable for the asset, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Financial instruments are considered Level 3 when their values are determined using pricing models, discounted cash flow methodologies or similar techniques and at least one significant model assumption or input is unobservable. Level 3 financial instruments also include those for which the determination of fair value requires significant management judgment or estimation.

In accordance with the authoritative accounting guidance, the following table represents the Plan's fair value hierarchy for its investments measured at fair value on a recurring basis as of December 31, 2009:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	As of December 31, 2009
Investments				
Cash and money market funds	$ 163,095	$ -	$ -	$ 163,095
Pooled separate accounts	3,853,294	-	-	3,853,294
Guaranteed interest funds	-	85,311	-	85,311
Total Assets	$ 4,016,389	$ 85,311	$ -	$ 4,101,700

The following table represents the Plan's fair value hierarchy for its investments measured at fair value on a recurring basis as of December 31, 2008:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	As of December 31, 2008
Investments				
Cash and money market funds	$ 36,518	$ -	$ -	$ 36,518
Pooled separate accounts	2,587,196	-	-	2,587,196
Guaranteed interest funds	-	360,575	-	360,575
Total Assets	$ 2,623,714	$ 360,575	$ -	$ 2,984,289

(6) Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

(7) Related Parties

The Plan Sponsor provided certain administrative services without consideration during the year ended December 31, 2009. In addition, the Plan Sponsor paid administrative fees to their third party administrator totaling $9,382 during the year ended December 31, 2009.

(8) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 4,095,696	$ 3,000,305
Add: excess contributions payable	13,366	22,774
Net assets available for benefits per the Form 5500	$ 4,109,062	$ 3,023,079

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

Total net increase per financial statements	$ 1,095,391
Add: excess contributions payable at December 31, 2009	13,366
Less: excess contributions payable at December 31, 2008	(22,774)
Total net increase per the Form 5500	$ 1,085,983

(9) Tax Status

The Plan is modeled after a standard defined contribution plan as designed by the plan administrator. The plan administrator has received an opinion letter from the Internal Revenue Service stating that the standard defined contribution plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since the plan administrator received the opinion letter; however, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

(10) Fidelity Bond

During the year ended December 31, 2009, the Plan was insured by a fidelity bond covering 10% of the plan assets as required by Department of Labor (DOL) regulations.

(11) Prohibited Transactions

During 2009, the Plan Sponsor failed to remit certain participant contributions in a timely manner in violation of DOL regulations, as shown on the supplemental schedule of Delinquent Participant Contributions. The Plan Sponsor plans to remit the amounts to restore lost earnings during the next fiscal period as estimated using the resources provided by the DOL.

(12) Subsequent Events

The Plan Sponsor has evaluated subsequent events through September 21, 2010, the date the financial statements were available for issuance.