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
REXCO, INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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

1104 MILDRED DRIVE
PORT LAVACA, TX 77979

2b Employer Identification Number (EIN)
74-1467107

2c Sponsor's telephone number
361-552-5371

2d Business code (see instructions)
237990

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.	10/13/2010	KAREN DIGNAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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")
REXCO, INC.

1104 MILDRED DRIVE
PORT LAVACA, TX 77979

3b Administrator's EIN
74-1467107

3c Administrator's telephone number
361-552-5371

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**	231
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**	164
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	70
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	234
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	234
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	229
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
REXCO, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1467107

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SATHER FINANCIAL GROUP

120 EAST CONSTITUTION
VICTORIA, TX 77901

74-2886520

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		5920	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

(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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
REXCO, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1467107

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	5555	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300000	104
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	915817	1191195
(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)		
(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)	1137046	1335810
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2358418	2527109
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		4166
k	Total liabilities (add all amounts in lines 1g through1j)	1k		4166
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2358418	2522943

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)		
	(B) Participants	2a(1)(B)	91252	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		91252
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	61	
	(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)		61
	(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)	29572	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		29572
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2431876	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2242011	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		189865

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		54453
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		365203
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	194383	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		194383
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	375	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5920	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6295
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		200678
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		164525
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GOLDMAN, HUNT & NOTZ, LLP (2) EIN: 74-1902997

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
REXCO, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1467107

Part I Distributions

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

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

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

EIN(s): 75-3182674

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):

REXCO, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

For the Plan Years Ended December 31, 2009 and 2008

REXCO, INC. 401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
For the Plan Years Ended December 31, 2009 and 2008

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Goldman, Hunt & Notz

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AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TEXAS SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

October 8, 2010

To the Board of Trustees
Rexco, Inc. 401(k) Profit Sharing Plan
Port Lavaca, Texas

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

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Rexco, Inc. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule, Schedule H, Line 4i - Assets (Held at End of Year) as of December 31, 2009, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Goldman, Hunt & Notz LLP

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REXCO, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

ASSETS

	2009	2008
Investments, at fair value:		
Mutual funds	$ 1,335,810	$ 1,137,046
Money market fund	1,191,195	915,817
Total investments	2,527,005	2,052,863
Receivable:		
Employee's contribution	104	-
Employer's contribution	-	300,000
Cash	-	5,555
Total assets	2,527,109	2,358,418
Liabilities	4,166	-
Net assets available for benefits	$ 2,522,943	$ 2,358,418

The notes to the financial statements are an integral part of these statements.

REXCO, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Plan Years Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 234,610	$ (792,789)
Dividends and capital gain distributions	33,421	66,157
Net investment gain	268,031	(726,632)
Contributions:		
Employer's contribution	-	300,000
Employees' contribution	91,252	108,618
Total contributions	91,252	408,618
Total additions	359,283	(318,014)
Deductions from net assets attributed to:		
Benefits paid to participants	194,383	118,134
Distribution fees	375	-
Total deductions	194,758	118,134
Net increase (decrease)	164,525	(436,148)
Net assets available for benefits, beginning of year	2,358,418	2,794,566
Net assets available for benefits, end of year	$ 2,522,943	$ 2,358,418

The notes to the financial statements are an integral part of these statements.

REXCO, INC. 401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE A: DESCRIPTION OF PLAN

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

General - The Plan is a defined contribution plan covering substantially all employees of Rexco, Inc. (the "Company") who have one year of service and have attained the age of 18. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions - In accordance with the Plan agreement, employees are allowed to contribute from 1% to 25% of his or her eligible compensation. Participants are allowed to change their contribution percentages monthly. The Company may, at its discretion, make an annual profit sharing contribution. An employee who is eligible to participate in the 401(k) Plan, but elects not to do so, is still eligible to receive an allocation of the Company's profit sharing contribution. The Company elected to make a profit sharing contribution of $0 and $300,000 for the years ended December 31, 2009 and 2008, respectively. Forfeitures of the nonvested portions of terminated participants' accounts are allocated to the remaining participants as additional employer's contributions. Forfeitures totaled $264 and $3,383 for the years ended December 31, 2009 and 2008, respectively.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on account balances and compensation as defined in the Plan Agreement. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account.

Self-Directed Investments - As of December 31, 2009 and 2008, all investments of the Plan represent self-directed investments of the individual plan participants. The self-directed investment program of the Plan provides participants with several different options in which to invest their account balances. Participants may invest their entire account balance in one option or they may allocate their account in 1% increments to two or more options in any manner they choose. The participant-directed investment options of the Plan for the years ended December 31, 2009 and 2008 consisted of the following:

Mutual Funds:
- John Hancock Funds:
  - Bond Fund
  - High Yield Bond Fund
  - International Core Fund
  - Large Cap Equity Fund
  - Small Cap Equity Fund
  - U. S. Global Leaders Growth Fund
  - Rainier Growth Fund T
  - Rainier Growth Fund A
  - American Century International Bond Fund
  - Artio International Equity Fund II
  - Cohen & Steers Realty Fund
  - Credit Suisse Commodity Return Fund
  - Davis Appreciation & Income Fund
  - David NY Venture Fund
  - First American Real Estate Fund
  - Jensen Portfolio Class J Fund

NOTE A: DESCRIPTION OF PLAN (Concluded)

Self-Directed Investments (Concluded)

Mutual Funds (Concluded):
- John Hancock Funds (Concluded):
  - Loomis Sayles Bond Fund
  - Oakmark Equity Income Fund
  - Oppenheimer Developing Markets Fund
  - Oppenheimer International Bond Fund
  - Pimco Commodity Real Return Fund
  - Pimco Emerging Local Markets Fund
  - Pimco High Yield Fund
  - Pimco Real Return Fund
  - Pimco Short Term CL Fund
  - Pimco Total Return Fund
  - Templeton Developing Markets Trust
  - Third Avenue Value Fund
  - Thornburg International Value Fund

Money Market Funds:
- John Hancock Money Market Fund
- Schwab Money Market Fund

Vesting - Vesting in participants' accounts is based on years of continuous service.

The Plan's vesting schedule is as follows:

Year of Service	Vesting
1	0%
2	0%
3	100%
4	100%
5	100%
6	100%

Payment of Benefits - On termination of service, a participant may elect to receive either a lump-sum amount or periodic payments equal in total to the vested value of his or her account. The Company will automatically make a lump-sum distribution of a terminated participant's account if his/her vested interest is $5,000 or less.

Administrative Expenses - All administrative expenses of the Plan are paid by the Plan sponsor, Rexco, Inc.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition - Mutual funds are valued at their quoted net asset values. The money market fund and the common/collective trust is valued at cost, which approximates fair value. Purchases and sales of investments are recorded on a trade-date basis. Dividend and capital gain distributions are on the accrual basis.

Payment of Benefits - Benefits are recorded when paid.

Management's Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

NOTE C: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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 percent vested in their accounts.

NOTE D: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

Fair Value Measurements at Reporting Date Using:

December 31, 2009	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 1,335,810	$ 1,335,810	$ -	$ -
Money Market Funds	1,191,195	-	1,191,195	-
Total Investments	$ 2,527,005	$ 1,335,810	$ 1,191,195	$ -

December 31, 2008	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 1,137,046	$ 1,137,046	$ -	$ -
Money Market Funds	915,817	-	915,817	-
Total Investments	$ 2,052,863	$ 1,137,046	$ 915,817	$ -

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 and Level 2 inputs are not available.

Level 1 Fair Value Measurements
The fair values of mutual funds are available based on quoted market prices.

Level 2 Fair Value Measurements
The money market fund was valued at cost, which approximates fair value.

Level 3 Fair Value Measurements
The Plan did not hold any investments during 2009 or 2008 for which fair values were measured on a non-recurring basis, or for which fair values were determined using a Level 3 (Significant Unobservable Inputs) method.

NOTE E: INVESTMENTS

The Plan's investments are held in a custodial account with a third party administrator. The following table presents the fair values of investments. Investments that represent five percent or more of the Plan's net assets are separately identified.

	December 31, 2009	December 31, 2008
Investments at fair value as determined by quoted market price:		
Mutual Funds:		
John Hancock Bond Fund	$ -	$ 151,715
John Hancock Large Cap Equity Fund	-	369,492
John Hancock Small Cap Equity Fund	-	120,017
John Hancock Rainier Growth Fund T	-	122,492
John Hancock Rainier Growth Fund A	-	198,916
Jensen Portfolio Class J Fund	128,299	-
Pimco Real Return Fund	189,410	-
Other Mutual Funds	1,018,101	174,414
Total	1,335,810	1,137,046
Investments at estimated fair value:		
Money Market Fund:		
John Hancock Money Market Fund	-	915,817
Schwab Money Market Fund	1,191,195	-
Total investments	$ 2,527,005	$ 2,052,863

During the years ended December 31, 2009 and 2008, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	December 31, 2009	December 31, 2008
Investments at fair value as determined by quoted market price		
Mutual Funds	$ 234,610	$ (792,789)

NOTE F: INCOME TAX STATUS

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

NOTE G: CONCENTRATIONS OF CREDIT RISK

Investments, which potentially subject the Plan to concentrations of credit risk, consist principally of mutual funds. The Plan sponsor attempts to limit the amount of credit exposure through diversification.

NOTE H: CHANGE IN PLAN THIRD PARTY ADMINSTRATOR and INVESTMENT OPTIONS

During 2009, the company changed Plan third party administrators. In conjunction with this change, the Plan changed its investment options to a larger and more diversified selection of mutual funds.

NOTE I: DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through October 8, 2010 which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

REXCO, INC. 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
December 31, 2009

Plan Name: Rexco, Inc. 401(k) Profit Sharing Plan

Plan Number: 001

Plan Sponsor: Rexco, Inc.

EIN: 74-1467107

(A) Identity of party involved	(B) Identity of issue, borrower, lessor, or similar party	(C) Description of investment, including maturity date, rate of interest, par, collateral, or maturity value	(D) Cost	(E) Current Value
	American Century Funds	American Century International Bond Fund 2,709 Units	N/A	$ 39,095
	Artio Global Funds	Artio International Equity Fund II 4,127 Units	N/A	48,332
	Cohen & Steers	Cohen & Steers Realty Fund 3,508 Units	N/A	31,817
	Credit Suisse	Credit Suisse Commodity Return Fund 3,664 Units	N/A	31,403
	Davis Funds	Davis Appreciation & Income Fund 1,757 Units	N/A	41,648
	Davis Funds	Davis NY Venture Fund 4,030 Units	N/A	124,864
	Jesnsen Investment Management	Jensen Portfolio Class J Fund 5,239 Units	N/A	128,299
	Loomis, Sayles & Company	Loomis Sayles Bond Fund 2,770 Units	N/A	36,820
	The Oakmark Funds	Oakmark Equity Income Fund 4,763 Units	N/A	121,658
	Oppenheimer Funds	Oppenheimer Developing Markets Fund 1,167 Units	N/A	33,557

REXCO, INC. 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2009

Plan Name: Rexco, Inc. 401(k) Profit Sharing Plan Plan Number: 001

Plan Sponsor: Rexco, Inc. EIN: 74-1467107

(A) Identity of party involved	(B) Identity of issue, borrower, lessor, or similar party	(C) Description of investment, including maturity date, rate of interest, par, collateral, or maturity value	(D) Cost	(E) Current Value
	Oppenheimer Funds	Oppenheimer International Bond Fund 6,183 Units	N/A	39,572
	Pimco Funds	Pimco Commodity Real Return Fund 4,544 Units	N/A	37,260
	Pimco Funds	Pimco Developing Local Markets Fund 2,552 Units	N/A	25,572
	Pimco Funds	Pimco Emerging Local Bond Fund 2,597 Units	N/A	25,814
	Pimco Funds	Pimco High Yield Fund 2,454 Units	N/A	21,595
	Pimco Funds	Pimco Real Return Fund 17,554 Units	N/A	189,411
	Pimco Funds	Pimco Short Term CL Fund 4,597 Units	N/A	45,146
	Pimco Funds	Pimco Total Return Fund 7,475 Units	N/A	80,734
	Pimco Funds	Pimco Unconstrained Bond Fund 2,352 Units	N/A	25,406
	Franklin Templeton Funds	Templeton Developing Markets Trust 1,543 Units	N/A	34,001

REXCO, INC. 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR) (Concluded)
December 31, 2009

Plan Name: Rexco, Inc. 401(k) Profit Sharing Plan Plan Number: 001

Plan Sponsor: Rexco, Inc. EIN: 74-1467107

(A) Identity of party involved	(B) Identity of issue, borrower, lessor, or similar party	(C) Description of investment, including maturity date, rate of interest, par, collateral, or maturity value	(D) Cost	(E) Current Value
	Charles Schwab & Co., Inc.	Schwab Money Market 1,188,870 Units	N/A	1,191,195
	Third Avenue Funds	Third Avenue Value Fund 2,696 Units	N/A	124,873
	Thornburg Investment Management	Thornburg International Value Fund 1,972 Units	N/A	48,933

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 the 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
Rexco, Inc. 401K Profit Sharing Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/1993

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

Rexco, Inc.

1104 Mildred Drive

US Port Lavaca TX 77979

2b Employer Identification Number (EIN)
74-1467107

2c Sponsor's telephone number
(361) 552-5371

2d Business code (see instructions)
237990

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	[signature]	7-7-10	Dennis Redding
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	7-7-10	Dennis Redding
	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") Same	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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**	231
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**	164
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	70
d Subtotal. Add lines **6a, 6b** and **6c**	**6d**	234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	234
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	229
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)	**7**	

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

2E 2J 2G 2F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

REXCO, INC. 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

For the Plan Years Ended December 31, 2009 and 2008

REXCO, INC. 401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
For the Plan Years Ended December 31, 2009 and 2008

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Goldman, Hunt & Notz

Certified Public Accountants

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AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TEXAS SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

October 8, 2010

To the Board of Trustees
Rexco, Inc. 401(k) Profit Sharing Plan
Port Lavaca, Texas

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

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Rexco, Inc. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule, Schedule H, Line 4i - Assets (Held at End of Year) as of December 31, 2009, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Goldman, Hunt & Notz LLP

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REXCO, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

ASSETS

	2009	2008
Investments, at fair value:		
Mutual funds	$ 1,335,810	$ 1,137,046
Money market fund	1,191,195	915,817
Total investments	2,527,005	2,052,863
Receivable:		
Employee's contribution	104	-
Employer's contribution	-	300,000
Cash	-	5,555
Total assets	2,527,109	2,358,418
Liabilities	4,166	-
Net assets available for benefits	$ 2,522,943	$ 2,358,418

The notes to the financial statements are an integral part of these statements.

REXCO, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Plan Years Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 234,610	$ (792,789)
Dividends and capital gain distributions	33,421	66,157
Net investment gain	268,031	(726,632)
Contributions:		
Employer's contribution	-	300,000
Employees' contribution	91,252	108,618
Total contributions	91,252	408,618
Total additions	359,283	(318,014)
Deductions from net assets attributed to:		
Benefits paid to participants	194,383	118,134
Distribution fees	375	-
Total deductions	194,758	118,134
Net increase (decrease)	164,525	(436,148)
Net assets available for benefits, beginning of year	2,358,418	2,794,566
Net assets available for benefits, end of year	$ 2,522,943	$ 2,358,418

The notes to the financial statements are an integral part of these statements.

REXCO, INC. 401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE A: DESCRIPTION OF PLAN

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

General - The Plan is a defined contribution plan covering substantially all employees of Rexco, Inc. (the "Company") who have one year of service and have attained the age of 18. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions - In accordance with the Plan agreement, employees are allowed to contribute from 1% to 25% of his or her eligible compensation. Participants are allowed to change their contribution percentages monthly. The Company may, at its discretion, make an annual profit sharing contribution. An employee who is eligible to participate in the 401(k) Plan, but elects not to do so, is still eligible to receive an allocation of the Company's profit sharing contribution. The Company elected to make a profit sharing contribution of $0 and $300,000 for the years ended December 31, 2009 and 2008, respectively. Forfeitures of the nonvested portions of terminated participants' accounts are allocated to the remaining participants as additional employer's contributions. Forfeitures totaled $264 and $3,383 for the years ended December 31, 2009 and 2008, respectively.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on account balances and compensation as defined in the Plan Agreement. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account.

Self-Directed Investments - As of December 31, 2009 and 2008, all investments of the Plan represent self-directed investments of the individual plan participants. The self-directed investment program of the Plan provides participants with several different options in which to invest their account balances. Participants may invest their entire account balance in one option or they may allocate their account in 1% increments to two or more options in any manner they choose. The participant-directed investment options of the Plan for the years ended December 31, 2009 and 2008 consisted of the following:

Mutual Funds:
- John Hancock Funds:
  - Bond Fund
  - High Yield Bond Fund
  - International Core Fund
  - Large Cap Equity Fund
  - Small Cap Equity Fund
  - U. S. Global Leaders Growth Fund
  - Rainier Growth Fund T
  - Rainier Growth Fund A
  - American Century International Bond Fund
  - Artio International Equity Fund II
  - Cohen & Steers Realty Fund
  - Credit Suisse Commodity Return Fund
  - Davis Appreciation & Income Fund
  - David NY Venture Fund
  - First American Real Estate Fund
  - Jensen Portfolio Class J Fund

NOTE A: DESCRIPTION OF PLAN (Concluded)

Self-Directed Investments (Concluded)

Mutual Funds (Concluded):
- John Hancock Funds (Concluded):
  - Loomis Sayles Bond Fund
  - Oakmark Equity Income Fund
  - Oppenheimer Developing Markets Fund
  - Oppenheimer International Bond Fund
  - Pimco Commodity Real Return Fund
  - Pimco Emerging Local Markets Fund
  - Pimco High Yield Fund
  - Pimco Real Return Fund
  - Pimco Short Term CL Fund
  - Pimco Total Return Fund
  - Templeton Developing Markets Trust
  - Third Avenue Value Fund
  - Thornburg International Value Fund

Money Market Funds:
- John Hancock Money Market Fund
- Schwab Money Market Fund

Vesting - Vesting in participants' accounts is based on years of continuous service.

The Plan's vesting schedule is as follows:

Year of Service	Vesting
1	0%
2	0%
3	100%
4	100%
5	100%
6	100%

Payment of Benefits - On termination of service, a participant may elect to receive either a lump-sum amount or periodic payments equal in total to the vested value of his or her account. The Company will automatically make a lump-sum distribution of a terminated participant's account if his/her vested interest is $5,000 or less.

Administrative Expenses - All administrative expenses of the Plan are paid by the Plan sponsor, Rexco, Inc.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition - Mutual funds are valued at their quoted net asset values. The money market fund and the common/collective trust is valued at cost, which approximates fair value. Purchases and sales of investments are recorded on a trade-date basis. Dividend and capital gain distributions are on the accrual basis.

Payment of Benefits - Benefits are recorded when paid.

Management's Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

NOTE C: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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 percent vested in their accounts.

NOTE D: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

Fair Value Measurements at Reporting Date Using:

December 31, 2009	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 1,335,810	$ 1,335,810	$ -	$ -
Money Market Funds	1,191,195	-	1,191,195	-
Total Investments	$ 2,527,005	$ 1,335,810	$ 1,191,195	$ -

December 31, 2008	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 1,137,046	$ 1,137,046	$ -	$ -
Money Market Funds	915,817	-	915,817	-
Total Investments	$ 2,052,863	$ 1,137,046	$ 915,817	$ -

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 and Level 2 inputs are not available.

Level 1 Fair Value Measurements
The fair values of mutual funds are available based on quoted market prices.

Level 2 Fair Value Measurements
The money market fund was valued at cost, which approximates fair value.

Level 3 Fair Value Measurements
The Plan did not hold any investments during 2009 or 2008 for which fair values were measured on a non-recurring basis, or for which fair values were determined using a Level 3 (Significant Unobservable Inputs) method.

NOTE E: INVESTMENTS

The Plan's investments are held in a custodial account with a third party administrator. The following table presents the fair values of investments. Investments that represent five percent or more of the Plan's net assets are separately identified.

	December 31, 2009	December 31, 2008
Investments at fair value as determined by quoted market price:		
Mutual Funds:		
John Hancock Bond Fund	$ -	$ 151,715
John Hancock Large Cap Equity Fund	-	369,492
John Hancock Small Cap Equity Fund	-	120,017
John Hancock Rainier Growth Fund T	-	122,492
John Hancock Rainier Growth Fund A	-	198,916
Jensen Portfolio Class J Fund	128,299	-
Pimco Real Return Fund	189,410	-
Other Mutual Funds	1,018,101	174,414
Total	1,335,810	1,137,046
Investments at estimated fair value:		
Money Market Fund:		
John Hancock Money Market Fund	-	915,817
Schwab Money Market Fund	1,191,195	-
Total investments	$ 2,527,005	$ 2,052,863

During the years ended December 31, 2009 and 2008, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	December 31, 2009	December 31, 2008
Investments at fair value as determined by quoted market price		
Mutual Funds	$ 234,610	$ (792,789)

NOTE F: INCOME TAX STATUS

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

NOTE G: CONCENTRATIONS OF CREDIT RISK

Investments, which potentially subject the Plan to concentrations of credit risk, consist principally of mutual funds. The Plan sponsor attempts to limit the amount of credit exposure through diversification.

NOTE H: CHANGE IN PLAN THIRD PARTY ADMINSTRATOR and INVESTMENT OPTIONS

During 2009, the company changed Plan third party administrators. In conjunction with this change, the Plan changed its investment options to a larger and more diversified selection of mutual funds.

NOTE I: DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through October 8, 2010 which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

REXCO, INC. 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
December 31, 2009

Plan Name: Rexco, Inc. 401(k) Profit Sharing Plan

Plan Number: 001

Plan Sponsor: Rexco, Inc.

EIN: 74-1467107

(A) Identity of party involved	(B) Identity of issue, borrower, lessor, or similar party	(C) Description of investment, including maturity date, rate of interest, par, collateral, or maturity value	(D) Cost	(E) Current Value
	American Century Funds	American Century International Bond Fund 2,709 Units	N/A	$ 39,095
	Artio Global Funds	Artio International Equity Fund II 4,127 Units	N/A	48,332
	Cohen & Steers	Cohen & Steers Realty Fund 3,508 Units	N/A	31,817
	Credit Suisse	Credit Suisse Commodity Return Fund 3,664 Units	N/A	31,403
	Davis Funds	Davis Appreciation & Income Fund 1,757 Units	N/A	41,648
	Davis Funds	Davis NY Venture Fund 4,030 Units	N/A	124,864
	Jesnsen Investment Management	Jensen Portfolio Class J Fund 5,239 Units	N/A	128,299
	Loomis, Sayles & Company	Loomis Sayles Bond Fund 2,770 Units	N/A	36,820
	The Oakmark Funds	Oakmark Equity Income Fund 4,763 Units	N/A	121,658
	Oppenheimer Funds	Oppenheimer Developing Markets Fund 1,167 Units	N/A	33,557

REXCO, INC. 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2009

Plan Name: Rexco, Inc. 401(k) Profit Sharing Plan Plan Number: 001

Plan Sponsor: Rexco, Inc. EIN: 74-1467107

(A) Identity of party involved	(B) Identity of issue, borrower, lessor, or similar party	(C) Description of investment, including maturity date, rate of interest, par, collateral, or maturity value	(D) Cost	(E) Current Value
	Oppenheimer Funds	Oppenheimer International Bond Fund 6,183 Units	N/A	39,572
	Pimco Funds	Pimco Commodity Real Return Fund 4,544 Units	N/A	37,260
	Pimco Funds	Pimco Developing Local Markets Fund 2,552 Units	N/A	25,572
	Pimco Funds	Pimco Emerging Local Bond Fund 2,597 Units	N/A	25,814
	Pimco Funds	Pimco High Yield Fund 2,454 Units	N/A	21,595
	Pimco Funds	Pimco Real Return Fund 17,554 Units	N/A	189,411
	Pimco Funds	Pimco Short Term CL Fund 4,597 Units	N/A	45,146
	Pimco Funds	Pimco Total Return Fund 7,475 Units	N/A	80,734
	Pimco Funds	Pimco Unconstrained Bond Fund 2,352 Units	N/A	25,406
	Franklin Templeton Funds	Templeton Developing Markets Trust 1,543 Units	N/A	34,001

REXCO, INC. 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR) (Concluded)
December 31, 2009

Plan Name: Rexco, Inc. 401(k) Profit Sharing Plan Plan Number: 001

Plan Sponsor: Rexco, Inc. EIN: 74-1467107

(A) Identity of party involved	(B) Identity of issue, borrower, lessor, or similar party	(C) Description of investment, including maturity date, rate of interest, par, collateral, or maturity value	(D) Cost	(E) Current Value
	Charles Schwab & Co., Inc.	Schwab Money Market 1,188,870 Units	N/A	1,191,195
	Third Avenue Funds	Third Avenue Value Fund 2,696 Units	N/A	124,873
	Thornburg Investment Management	Thornburg International Value Fund 1,972 Units	N/A	48,933