

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 <div style="text-align: center; font-size: 24pt;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ 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:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>LOCKE PROTECTIVE SERVICES, LTD. 401(K) PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>01/01/1999</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>LOCKE PROTECTIVE SERVICES, LTD.</u> <u>1616 S. VOSS, SUITE 250</u> <u>HOUSTON, TX 77057</u>	2b Employer Identification Number (EIN) <u>76-0541359</u>	2c Sponsor's telephone number <u>713-266-6188</u>	2d Business code (see instructions) <u>561600</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2010</u>	<u>BERNARD WILLIAM LAKENMACHER</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

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

LOCKE PROTECTIVE SERVICES, LTD.

1616 S. VOSS, SUITE 250
HOUSTON, TX 77057**3b** Administrator's EIN

76-0541359

3c Administrator's telephone number

713-266-6188

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**

125

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**

153

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

5

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

158

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

158

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

28

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 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

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) ☒

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) ☒**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) ☒**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 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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan LOCKE PROTECTIVE SERVICES, LTD. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. LOCKE PROTECTIVE SERVICES, LTD.		
D Employer Identification Number (EIN) 76-0541359		

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.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD 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
06-0974148	88072	GA-025310	28	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
631	76

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
WEF INTERESTS LP 820 GESSNER SUITE 1275 HOUSTON, TX 77024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
631			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOREN D. STARK COMPANY, INC. 10750 ROCKLEY ROAD HOUSTON, TX 77099

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	76	ADMINISTRATION	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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	198520

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. Specify nature of costs ▶	6d	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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
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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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>LOCKE PROTECTIVE SERVICES, LTD. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOCKE PROTECTIVE SERVICES, LTD.</u>	D Employer Identification Number (EIN) <u>76-0541359</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(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)		
	(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)	14309	24309
	(9) Value of interest in common/collective trusts	1c(9)	4492	8068
	(10) Value of interest in pooled separate accounts	1c(10)	138795	190451
	(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)	0	0
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	157596	222828

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	157596	222828
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5141	
(B) Participants	2a(1)(B)	27749	
(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)		32890

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1195	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1195
(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)		-15
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		41657
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		75727

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9537	
(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)		9537
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	958	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		958
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10495

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		65232
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: JOHN T. JONES & CO, PLLC

(2) EIN: 76-0616111

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.).....	☒		3208
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....		☒	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
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.			

- 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)

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>LOCKE PROTECTIVE SERVICES, LTD. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOCKE PROTECTIVE SERVICES, LTD.</u>	D Employer Identification Number (EIN) <u>76-0541359</u>	

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	<u>0</u>
----------	----------

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): 06-0974148

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 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	
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): _____

- 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): _____

**LOCKE PROTECTIVE SERVICES, LTD.
401(k) PLAN**

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

YEAR ENDED DECEMBER 31, 2009

with

REPORT OF INDEPENDENT PUBLIC AUDITORS

JOHN T. JONES & COMPANY, PLLC
Certified Public Accountants

**LOCKE PROTECTIVE SERVICES, LTD.
401(k) PLAN**

**AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

YEAR ENDED DECEMBER 31, 2009

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REPORT OF INDEPENDENT PUBLIC AUDITORS

To Management
Locke Protective Services, Ltd. 401(k) Plan
Houston, Texas

We were engaged to audit the Statement of Net Assets Available for Benefits – Modified Cash Basis of Locke Protective Services, Ltd. 401(k) Plan as of December 31, 2009 and the Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis for the year ended December 31, 2009, and the supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at Year End) – Modified Cash Basis and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions – Modified Cash Basis for the year ended December 31, 2009. These 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 Sponsor instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, and the supplementary schedule of Schedule H, Line 4i – Schedule of Assets (Held at Year End) – Modified Cash Basis, which was certified by The Hartford (Hartford), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Sponsor that Hartford holds the Plan's investment assets and executes investment transactions. The Plan Sponsor has obtained a certification from Hartford as of and for the year ended December 31, 2009 that the information provided to the Plan Sponsor by the custodian is complete and accurate.

As described in Note B, these financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

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 agents acting on behalf of the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying Statement of Net Assets Available for Benefits – Modified Cash Basis of the Locke Protective Services, Ltd. 401(k) Plan as of December 31, 2008 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying Statement of Net Assets Available for Benefits – Modified Cash Basis as of December 31, 2008 and, accordingly, do not express an opinion or any other form of assurance on it.

John T. Jones & Co. PLLC

Certified Public Accountants
October 7, 2010

LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
AS OF DECEMBER 31, 2009 and 2008

	<u>Audited</u> 2009	<u>Compiled</u> 2008
ASSETS		
Investments at Fair Value:		
Common/collective trusts	\$ 8,068	\$ 4,492
Pooled separate accounts	190,451	138,795
Participant loans	24,309	14,309
	<u>222,828</u>	<u>157,596</u>
TOTAL ASSETS	<u>222,828</u>	<u>157,596</u>
LIABILITIES		
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 222,828</u>	<u>\$ 157,596</u>

LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS (REDUCTIONS) TO NET ASSETS ATTRIBUTED TO

Investment income (loss):

Net appreciation (decline) in fair value of investments	\$ 41,642
Interest	1,195
	<u>42,837</u>

Cash contributions:

Employers	5,141
Participants	27,749
	<u>32,890</u>

TOTAL ADDITIONS (REDUCTIONS)	<u>75,727</u>
------------------------------	---------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	9,537
Administrative expenses	958
	<u>10,495</u>

TOTAL DEDUCTIONS	<u>10,495</u>
------------------	---------------

NET INCREASE (DECREASE)	65,232
-------------------------	--------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>157,596</u>
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END OF YEAR	<u><u>\$ 222,828</u></u>
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LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS
DECEMBER 31, 2009

NOTE A – DESCRIPTION OF PLAN

The following description of the Locke Protective Services, Ltd. ("Company") 401(k) Plan ("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 all employees of the Plan Sponsor who have one year of service and a minimum of 1,000 hours. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Sponsor – The Plan is sponsored by Locke Protective Services, Ltd. ("Plan Sponsor").

Contributions – Each year, participants may contribute pretax annual compensation up to the maximum allowed by federal law for the plan year. Federal law places a limit on the total amount of compensation that the participant may defer in any calendar year. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up payments. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan Sponsor may, in its discretion, contribute 25% the participant's elective deferrals, not to exceed 4% of the participant's base compensation. The Plan Sponsor may also, in its discretion, make a Profit Sharing Contribution to the Plan. When the Plan Sponsor does make a Profit Sharing Contribution, it will be allocated to the accounts of participants in proportion to their eligible compensation for the Plan Year. Contributions are subject to certain limitations. During the current plan year, the Plan Sponsor matched \$5,141 of participant elective deferrals and made \$0 discretionary contributions to participants.

Participant Accounts – Each participant's account is credited with the participant's contribution and an allocation of (a) the Plan Sponsor's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The assets of the plan, both employee and employer, are allocated to the various investment funds available at the direction of the participant.

Payment of Benefits – On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in an approved optional benefit form available per the Plan. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts – At December 31, 2009, forfeited non-vested accounts totaled \$647. These accounts will be reallocated to participants in the same manner as employer contributions.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Plan Sponsor contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after five years of credited service.

Terminated Employee Account Balances – At December 31, 2009, terminated employee account balances totaled \$690.

LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS
DECEMBER 31, 2009

NOTE A – DESCRIPTION OF PLAN, continued

Administrative Expense – Administrative expenses include amounts paid to Hartford to act as trustee of the Plan. Amounts paid to Loren D. Stark Company, Inc. (LDS) and Hartford as administrators totaled \$958 for the year ended December 31, 2009.

Participant Loans – The Plan allows for loans to participants, where the loans are available to participants on a reasonably equivalent basis, bear a reasonable rate of return, provide for periodic repayment within a specified period of time, and do not exceed, for any participant, the specified amount. A participant loan may not be made to the extent such loan is less than \$1,000 and exceeds the lesser of: (a) \$50,000 or (b) one half of the participant's vested account balance. Participant loans are not to be made to any owner-employee unless a prohibited transaction exemption for such loan is obtained from the Department of Labor. As of December 31, 2009, participant loans receivable totaled \$24,309.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared under the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

New Accounting Pronouncements –

SFAS157 – The financial statements apply Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures* ("FASB ASC 820") (formerly Statement on Financial Accounting Standards No. 157). FASB ASC 820 was effective for financial statements issued for fiscal years beginning after November 15, 2007. FASB ASC 820 established a single authoritative definition of fair value, sets a framework for measuring fair value and requires additional disclosures about fair value measurement. The adoption of FASB ASC 820 has no effect on the financial statements. Refer to Note D for the SFAS No. 157 disclosure about fair value measurement.

FASB ASC 855-10 – In May 2009, the FASB issued ASC 855-10 (formerly SFAS No. 165), "Subsequent Events" ("FASB ASC 855-10"). FASB ASC 855-10 establishes the period after the balance sheet date during which management should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements, and the disclosures that an entity should make about events or transactions that occurred after the balance sheet date. FASB ASC 855-10 is effective for interim or annual financial periods ending after June 15, 2009. The Plan Sponsor adopted FASB ASC 855-10 with regard to events occurring subsequent to December 31, 2009 and the adoption did not have an impact on the disclosures contained in the notes to the financial statements.

Investment Valuation and Income Recognition – Net assets and additions to net assets are recognized when received rather than when earned and deductions from assets are recognized when paid rather than when the liability is incurred. The Plan's basis of accounting is a modified cash basis because investments are reported at fair value. The Department of Labor recognized the cash basis of accounting as an acceptable method for reporting purposes, but requires modifications to state investments at fair value. Purchases and sales of securities are recorded on a trade-date basis.

LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS
DECEMBER 31, 2009

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Estimates – The preparation of financial statements in conformity with U. S. generally accepted accounting principles and in accordance with the modified cash basis of accounting requires the Plan Sponsor 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 amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Operating Expenses – All expenses of maintaining the Plan are paid by the Plan Sponsor. Administrative fees for distributions, loan origination, and annual loan administration are applied to the participant account balances when incurred.

Payment of Benefits – Benefits are recorded when paid.

NOTE C – INVESTMENTS

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$41,642 for the year ended December 31, 2009.

The following information regarding investments as of December 31, 2009 included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Hartford, the custodian of the Plan's assets. Investments that represent 5% or more of the Plan's net assets are individually identified. Investments are at fair value and amounts listed are in dollars.

	<u>December 31, 2009</u>
Franklin Templeton GR Target	\$ 75,171
Franklin Templ Moderate Target	30,855
Franklin Templeton Cons Targe	15,487
Total Investment Funds, including Participant Loans, less than 5% of the Plan's net assets	<u>101,315</u>
TOTAL	<u><u>\$ 222,828</u></u>

LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS
DECEMBER 31, 2009

NOTE D – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures (formerly SFAS No. 157) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The plan has used Level 2 inputs to measure fair value on all investment options which include mutual funds and bonds. Level 2 valuations are based on observable inputs (assumptions obtained from independent sources) for the asset or liability, either directly or indirectly (example: quoted prices used to value similar instruments in active markets such as bonds). Participant loans are valued at cost using Level 3 inputs as the valuations are based upon unobservable inputs (assumptions based on the best information available) as there is no market activity.

As required by FASB ASC 820, at December 31, 2009, the Plan's portfolio investments were classified as follows, based on fair values:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 190,388	\$ -	\$ -	\$ 190,388
Bonds	8,131	-	-	8,131
Participant Loans	-	-	24,309	24,309
Total Assets at Fair Value	<u>\$ 198,519</u>	<u>\$ -</u>	<u>\$ 24,309</u>	<u>\$ 222,828</u>

Level 3 Gains and Losses

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

	Participant Loans
Balance, beginning of year	\$ 14,309
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlements (net)	10,000
Balance, end of year	<u>\$ 24,309</u>

NOTE E – 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. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Plan Sponsor may determine.

LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS
DECEMBER 31, 2009

NOTE F – TAX STATUS

Locke Protective Services, Ltd. 401(k) Plan was developed utilizing a prototype sponsor, LDS. The Internal Revenue Service has determined and informed LDS by letter dated October 22, 1993, that Plan and related trust or custodial account are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although, the Plan has been amended since receiving the determination letter, the Plan Sponsor and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE G – RISKS AND UNCERTAINTIES

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

Beginning in the last half of 2008, turmoil in the United States and worldwide financial markets caused significant declines in the value of investments held by the Plan. As noted above, participants direct their own investments. Therefore, future declines or increases in the value of investments is dependent upon the investment choices made by the individual participants and by the performance of those individual funds and is not under the control of the Plan Sponsor or the custodian of the Plan's assets.

NOTE H – PROHIBITED TRANSACTIONS

During 2008, the Plan Sponsor failed to remit contributions in a timely manner. Total contributions and loan repayments of \$3,207, of which \$2,412 represented participant contributions and \$795 represented loan repayments, were withheld from participants' pay during the month of November 2008 but were not remitted to the plan's trust until April 2009, which is not within the time frame required by the Department of Labor under the plan asset rules. Contributions for this pay period are considered a prohibited transaction. The Plan Sponsor will make a payment of \$87 to compensate the plan for lost investment earnings relating to this prohibited transaction.

NOTE I – SUBSEQUENT EVENTS

The Plan Sponsor evaluated subsequent events through the time of the filing, the date on which the financial statements were issued, noting no events or transaction occurred requiring potential recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
EIN: 76-0541359, PLAN NUMBER: 001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END) - MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Franklin Templeton GR Target	Mutual Fund	\$ 59,572	\$ 75,171
	Franklin Templ Moderate Target	Mutual Fund	\$ 24,245	30,855
	Franklin Templeton Cons Target	Mutual Fund	\$ 11,763	15,487
	SEI Stable Asset	Common Collective Trust	\$ 4,492	8,068
	AIM Real Estate	Mutual Fund	\$ 4,258	7,982
	Oppenheimer Developing Markets	Mutual Fund	\$ 5,080	7,933
	Hartford Dividend & Growth HLS	Mutual Fund	\$ 4,747	7,448
	American Funds Growth Fund	Mutual Fund	\$ 3,628	5,826
	American Funds Wash Mutual	Mutual Fund	\$ 4,210	5,564
	Davis Financial	Mutual Fund	\$ 2,373	4,160
	American Funds Inv Co Am	Mutual Fund	\$ 2,864	3,589
	Alliance Bernstein Gr&Income	Mutual Fund	\$ 2,729	3,411
	AIM Mid Cap Core Equity	Mutual Fund	\$ 1,996	3,257
	Oppenheimer Global	Mutual Fund	\$ 1,647	3,177
	AIM Small Cap Growth	Mutual Fund	\$ 1,851	3,045
	PIMCO Total Return	Mutual Fund	\$ 1,612	2,900
	MFS Value	Mutual Fund	\$ -	2,672
	MFS Strategic Value	Mutual Fund	\$ 1,497	-
	Hartford Total Return Bond HLS	Mutual Fund	\$ 1,330	2,163
	American Funds New Prspctv	Mutual Fund	\$ 981	1,678
	PIMCO Foreign Bond (US D-HDGD)	Mutual Fund	\$ 1,214	1,551
	Lord Abbett Bond Debenture	Mutual Fund	\$ 707	1,517
	Alliance Bernstein Thematic GRW	Mutual Fund	\$ 492	1,065
	Participant Loans	Loan	\$ 14,309	24,309
			<u>\$ 157,596</u>	<u>\$ 222,828</u>

Note Column (a) is blank as there were no parties-in-interest.

LOCKE PROTECTIVE SERVICES, LTD. 401(k) PLAN
EIN: 76-0541359, PLAN NUMBER: 001
FORM 5500, SCHEDULE H, LINE 4a SCHEDULE OF DELINQUENT PARTICIPANT
CONTRIBUTIONS - MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2009

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 3,208	\$ 3,208	\$ -	\$ -	\$ -

☒ Late participant loan repayments included

Client # 3088
 Locke Protective Services, LTD
 401(K) PLAN
 PLAN # 001
 EIN# 76-0541359

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
 FOR PLAN YEAR ENDING DECEMBER 31, 2009

(a) Party in Interest?	(b) Identity of issue, borrower, leaser, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
*	HARTFORD	HARTFORD TOTAL RETURN BOND HLS	Mutual Funds	\$1,330.18	2,162.98
*	HARTFORD	OPPENHEIMER GLOBAL	Mutual Funds	\$1,646.51	3,176.99
*	HARTFORD	ALLIANCEBERNSTEIN THEMATIC GRW	Mutual Funds	\$492.39	1,065.36
*	HARTFORD	FRANKLIN TEMPLETON CONS TARGET	Mutual Funds	\$11,762.72	15,487.22
*	HARTFORD	FRANKLIN TEMPLETON GR TARGET	Mutual Funds	\$59,572.20	75,170.63
*	HARTFORD	FRANKLIN TEMPL MODERATE TARGET	Mutual Funds	\$24,245.16	30,854.55
*	HARTFORD	HARTFORD DIVIDEND & GROWTH HLS	Mutual Funds	\$4,747.09	7,448.32
*	HARTFORD	AMERICAN FUNDS INV CO AM	Mutual Funds	\$2,864.40	3,588.05
*	HARTFORD	AMERICAN FUNDS GROWTH FUND	Mutual Funds	\$3,627.65	5,826.37
*	HARTFORD	AIM REAL ESTATE	Mutual Funds	\$4,257.81	7,981.73
*	HARTFORD	OPPENHEIMER DEVELOPING MARKETS	Mutual Funds	\$5,079.99	7,932.69
*	HARTFORD	AMERICAN FUNDS WASH MUTUAL	Mutual Funds	\$4,210.26	5,564.18
*	HARTFORD	ALLIANCEBERNSTEIN GR&INCOME	Mutual Funds	\$2,729.21	3,411.10
*	HARTFORD	MFS VALUE	Mutual Funds	\$0.00	2,672.18
*	HARTFORD	AMERICAN FUNDS NEW PRSPCTV	Mutual Funds	\$980.51	1,677.87
*	HARTFORD	LORD ABBETT BOND DEBENTURE	Mutual Funds	\$707.12	1,516.55
*	HARTFORD	AIM MID CAP CORE EQUITY	Mutual Funds	\$1,995.65	3,257.46
*	HARTFORD	AIM SMALL CAP GROWTH	Mutual Funds	\$1,850.69	3,044.68
*	HARTFORD	DAVIS FINANCIAL	Mutual Funds	\$2,372.51	4,160.34
*	HARTFORD	MFS STRATEGIC VALUE	Mutual Funds	\$1,496.77	0.00
*	HARTFORD	PIMCO FOREIGN BOND (US D-HDGD)	Mutual Funds	\$1,214.27	1,550.71
*	HARTFORD	PIMCO TOTAL RETURN	Mutual Funds	\$1,611.74	2,899.86
*	HARTFORD	SEI STABLE ASSET	Common Collective Trust	\$4,492.15	8,068.41
*	HARTFORD	LOAN FUND	Loan	\$14,309.36	24,308.98
TOTAL				\$157,596.34	\$222,827.21

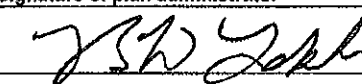
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 ☒ 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:		☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information			
1a Name of plan Locke Protective Services, Ltd. 401(k) Plan		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	01/01/1999
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Locke Protective Services, Ltd. 1616 S. Voss, Suite 250 Houston TX 77057		2b Employer Identification Number (EIN)	76-0541359
		2c Sponsor's telephone number	(713) 266-6188
		2d Business code (see instructions)	561600

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		10/11/10	BERNARD WILLIAM LAKENMACHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/11/10	BERNARD WILLIAM LAKENMACHER
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

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	5 125	
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 153	
b Retired or separated participants receiving benefits.....	6b 0	
c Other retired or separated participants entitled to future benefits.....	6c 5	
d Subtotal. Add lines 6a, 6b, and 6c.....	6d 158	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0	
f Total. Add lines 6d and 6e.....	6f 158	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 28	
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 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Locke Protective Services, Ltd.
401(k) Plan

Authorization to File the Plan's Form 5500 Electronically

Plan Sponsor: Locke Protective Services, Ltd.

On behalf of the above named plan sponsor, the undersigned hereby grants permission to the Loren D. Stark Co., Inc. (LDSCO) to electronically file the plan sponsor's Form(s) 5500 annually but only upon LDSCO's receipt of the signed red-stamped COPY of Form 5500 and this signed Authorization.

The plan sponsor authorizes Loren D. Stark Co., Inc. to use it's PIN to file the 5500 or 5500-SF Forms and any applicable schedules for the plan.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's red-stamped COPY will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

The sponsor has been notified that the signature of the individual signing the 5500 Form will be posted on the DOL Website.

The employer may revoke or change this authorization any time by notification in writing to LDSCO.

Signature: _____



Print Name: _____

TSW Lockemarker

Date: _____

10/11/10