

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p style="text-align: center;">Annual Return/Report of Employee Benefit Plan</p> <p style="text-align: center; font-size: small;">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).</p> <p style="text-align: center;">► Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2009</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 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 MUSTANG ENGINEERING LBO 401(K) PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 02/01/2009</td> </tr> </table>	1b Three-digit plan number (PN) ►	003	1c Effective date of plan 02/01/2009	
1b Three-digit plan number (PN) ►	003				
1c Effective date of plan 02/01/2009					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MUSTANG ENGINEERING, L.P. 16001 PARK TEN PLACE HOUSTON, TX 77084-5135	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 01-0551791</td> </tr> <tr> <td>2c Sponsor's telephone number 713-215-8000</td> </tr> <tr> <td>2d Business code (see instructions) 541330</td> </tr> </table>	2b Employer Identification Number (EIN) 01-0551791	2c Sponsor's telephone number 713-215-8000	2d Business code (see instructions) 541330	
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2c Sponsor's telephone number 713-215-8000					
2d Business code (see instructions) 541330					

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.	10/15/2010	JAMES VOGT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	JAMES VOGT
	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") MUSTANG ENGINEERING, L.P. 16001 PARK TEN PLACE HOUSTON, TX 77084-5135	3b Administrator's EIN 01-0551791 3c Administrator's telephone number 713-215-8000
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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
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5 Total number of participants at the beginning of the plan year	5	663
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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	260
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	47
d Subtotal. Add lines 6a , 6b , and 6c	6d	307
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	307
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	99
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2T 3D 3F 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ 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
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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)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 12/31/2009		
A Name of plan MUSTANG ENGINEERING LBO 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MUSTANG ENGINEERING, L.P.	D Employer Identification Number (EIN) 01-0551791	

Part I	Service Provider Information (see instructions)
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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
HARTFORD RETIREMENT SERVICES, LLC
26-1589907

(b) Enter name and EIN or address of person who provided you disclosure 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)

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 25 37 50 52 59 60 62 63 64	0	38	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service	(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) <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.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>02/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>MUSTANG ENGINEERING LBO 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MUSTANG ENGINEERING, L.P.</u>	D Employer Identification Number (EIN) <u>01-0551791</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)			
(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)			1114666
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)			
(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	0	1114666

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	0	1114666
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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)		
(B) Participants	2a(1)(B)	243739	
(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)		243739

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)	41	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41
(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)	12066	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12066
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		136741
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		392587

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	75601	
(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)		75601
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		1345
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	38	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		76984

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		315603
l Transfers of assets:			
(1) To this plan.....	2l(1)		850708
(2) From this plan	2l(2)		51645

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: UHY LLP

(2) EIN: 20-0694403

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		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)
MUSTANG ENGINEERING 401(K) PLAN	01-0551791	001

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>02/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>MUSTANG ENGINEERING LBO 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MUSTANG ENGINEERING, L.P.</u>	D Employer Identification Number (EIN) <u>01-0551791</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): _____

MUSTANG ENGINEERING LBO 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

MUSTANG ENGINEERING LBO 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009

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All other schedules required by the Employee Retirement Income Security Act of 1974 are not applicable and have been omitted.

Independent Auditors' Report

To the Plan Administrator of the
Mustang Engineering LBO 401(k) Plan
Houston, Texas

We were engaged to audit the financial statements of the Mustang Engineering LBO 401(k) Plan (the "Plan") as of December 31, 2009, and for the period from inception (February 1, 2009) to December 31, 2009, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Reliance Trust Company as of December 31, 2009 and for the period from inception (February 1, 2009) to December 31, 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

UHY LLP

Houston, Texas
October 12, 2010

MUSTANG ENGINEERING LBO 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

ASSETS

INVESTMENTS, at fair value

Mutual funds

\$ 1,114,666

TOTAL INVESTMENTS

1,114,666

NET ASSETS AVAILABLE FOR BENEFITS

\$ 1,114,666

See notes to financial statements.

MUSTANG ENGINEERING LBO 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
PERIOD FROM INCEPTION (FEBRUARY 1, 2009) TO DECEMBER 31, 2009

ADDITIONS TO NET ASSETS

INVESTMENT INCOME

Net appreciation in fair value of mutual funds	\$ 136,741
Dividend income from mutual funds	12,066
Interest income from participant loans	41
TOTAL INVESTMENT INCOME	<u>148,848</u>

CONTRIBUTIONS

Participant contributions	<u>243,739</u>
TOTAL CONTRIBUTIONS	<u>243,739</u>

TOTAL ADDITIONS TO NET ASSETS 392,587

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	76,946
Administrative and other expenses	38
TOTAL DEDUCTIONS FROM NET ASSETS	<u>76,984</u>

NET INCREASE 315,603

TRANSFERS OF ASSETS

To this plan	850,708
From this plan	(51,645)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of period	<u>-</u>
End of period	<u><u>\$ 1,114,666</u></u>

MUSTANG ENGINEERING LBO 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE A - DESCRIPTION OF PLAN

The following description of the Mustang Engineering LBO 401(k) 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 was established on February 1, 2009 and is a qualified defined contribution plan as defined by Section 401(a) of the Internal Revenue Code and contains a provision for salary reduction contributions under Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), and any subsequent amendments or revisions.

Administration of the Plan: Mustang Engineering, L.P. (the "Employer") is the Plan Administrator. The trustee for the Plan's assets is Reliance Trust Company. The recordkeeper of the Plan is Hartford Retirement Services, LLC.

Eligibility: All employees of the Employer are eligible to participate if those employees have been designated as LBO (legal benefits only) employees. All other employees are excluded from this plan and, with the exception of leased employees, are allowed to contribute to other plans sponsored by the Employer. Eligible employees are able to participate on the first day of the month coinciding with or following the satisfaction of three months of service.

Contributions: Participants may elect to defer up to one hundred percent (100%) of their eligible compensation, on a pre-tax basis, subject to limits imposed by the Internal Revenue Code. The Plan also has a Roth feature that allows participants to contribute after-tax compensation. The Plan does not allow for Employer matching or non-elective contributions.

Participant Accounts: Each participant's account is credited with the participant's contributions and an allocation of plan investment earnings or losses. Allocations are based upon either the participant's qualified compensation or account balances as defined by the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance at the time of distribution.

Vesting: Participants are immediately vested in their contributions, rollover contributions, and earnings thereon. There are no Employer contributions subject to a vesting schedule.

Forfeitures: Since participants are 100% vested in their account balance, there is no forfeiture account in the Plan.

Participant Loans: Participants loans are not allowed in the Plan. However, loans are permitted for those participants that had loans while under another benefit plan sponsored by the Employer and subsequently changed their status to an LBO employee and transferred into this Plan. At December 31, 2009, there were no outstanding loans transferred.

Payment of Benefits: Benefits are generally provided upon normal retirement, death, permanent disability or termination of employment. Upon normal retirement permanent disability or death, a participant is entitled to receive 100% of the balance of their plan accounts. Under the plan agreement, normal retirement is defined as age 65. Upon termination of employment, a participant is entitled to receive the vested portion of their plan accounts. Benefits are paid as a lump-sum amount or annual installments, as defined in the plan agreement. Participants are permitted in-service distributions from their vested plan accounts at any time after having attained age 59½. In addition, participants may request a distribution of their vested plan accounts upon incurring a financial hardship, as defined in the plan agreement.

MUSTANG ENGINEERING LBO 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting Standards Codification: In June 2009, the Financial Accounting Standards Board (“FASB”) issued FASB Accounting Standards Codification (“ASC”) 105, *Generally Accepted Accounting Principles*, which establishes ASC as the sole source of authoritative guidance for generally accepted accounting principles in the United States of America. Pursuant to the provisions of ASC 105, the Plan has updated its references to the generally accepted accounting principles in the United States of America in the notes to its financial statements. The adoption of ASC 105 did not impact the Plan’s financial position or results of operations.

Basis of Financial Statements: The financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan provides for self-directed investment programs for individual participants as provided by Reliance Trust Company. Investment changes can be made at any time. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties: The participants are permitted to invest in various investment options. These investments 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.

Fees and Expenses: Fees and expenses incurred in the administration of the Plan, to the extent not paid by the Employer, are charged to and paid from the Plan’s assets.

MUSTANG ENGINEERING LBO 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE C - INVESTMENTS CERTIFIED BY TRUSTEE (UNAUDITED)

As permitted by the rules and regulations of the Department of Labor with respect to reporting and disclosure under ERISA, the trustee, Reliance Trust Company, has certified to the Plan Administrator that all amounts shown in the accompanying financial statements and supplemental schedule, related to investments, are complete and accurate as of December 31, 2009 and for the period from inception (February 1, 2009) to December 31, 2009.

The following table presents the fair values of investments as of December 31, 2009. Individual investments that represent 5% or more of net assets available for benefits are shown separately.

Mutual Funds:	
Hartford Money Market Fund - R5	\$ 372,571
Invesco Energy Fund - A	77,619
Vanguard 500 Index Signal Fund	125,220
American Fund Growth Fund - R3	67,867
T. Rowe Price Mid Cap Growth Fund	87,756
MFS Total Return Fund - A	107,626
PIMCO Total Return Fund	100,640
MFS Value Fund - A	<u>64,275</u>
Total investments exceeding 5%	1,003,574
Other	<u>111,092</u>
TOTAL INVESTMENTS	<u><u>\$ 1,114,666</u></u>

NOTE D - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides 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 three levels of the fair value hierarchy as defined by ASC 820 are as follows:

- Level 1: Valuations utilizing unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. This is the most reliable evidence of fair value and does not require a significant degree of judgment.
- Level 2: Valuations utilizing quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly for substantially the full term of the asset or liability.
- Level 3: Valuations utilizing significant, unobservable inputs. This provides the least objective evidence of fair value and requires a significant degree of judgment. Inputs may be used with internally developed methodologies and should reflect an entity's assumptions using the best information available about the assumptions that market participants would use in pricing an asset or liability.

MUSTANG ENGINEERING LBO 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009:

- The fair values of mutual funds are determined based on quoted market prices ("fair value") on the last business day of the plan year as reported by the investment trustee of the Plan's assets. The change in the current value of investments during the period are reflected in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of mutual funds. Investments are generally subject to the volatility of the major stock markets in which the underlying investments are held.

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

The following tables present the Plan's assets classified under the appropriate level of fair value hierarchy:

Fair Value at December 31, 2009				
	Level 1	Level 2	Level 3	Fair Value
Mutual funds:				
Money market	\$ 375,418	\$ -	\$ -	\$ 375,418
Equity	77,619	-	-	77,619
Bond	115,078	-	-	115,078
International	41,380	-	-	41,380
Growth	173,469	-	-	173,469
Blend	159,801	-	-	159,801
Allocation	107,626	-	-	107,626
Value	64,275	-	-	64,275
Total mutual funds	<u>1,114,666</u>	<u>-</u>	<u>-</u>	<u>1,114,666</u>
Total investments				
measured at fair value	<u>\$ 1,114,666</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,114,666</u>

NOTE E - PLAN TERMINATION

Although the Employer has not expressed any intent to do so, the Employer has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon any full or partial termination, all amounts credited to the affected participants become fully vested and not subject to forfeiture.

MUSTANG ENGINEERING LBO 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE F - INCOME TAX STATUS

The Plan uses a non-standardized prototype plan sponsored by the Plan's recordkeeper which received an opinion letter dated March 31, 2008 from the Internal Revenue Service stating that the form of the Plan is acceptable under Section 401(a) of the Internal Revenue Code for use by employers for the benefit of their employees. The Plan has since been amended, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE G - PARTY-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by Hartford Investment Financial Services, LLC. Hartford Retirement Services, LLC is the recordkeeper as defined in the plan agreement and, therefore, these transactions qualify as party-in-interest. The Plan Administrator has approved these activities and transactions.

NOTE H - SUBSEQUENT EVENTS

Effective as of January 1, 2010, the Plan entered into Merger Agreements with two affiliated plans ("affiliate plans") sponsored by affiliates of the Employer whereby a portion of the affiliate plans were merged with and into this Plan. All accounts transferred into this Plan will be subject to the terms and conditions of this Plan and the affiliate plans ceased to exist as separate plans.

The Plan adopted ASC 855, *Subsequent Events*, which establishes general standards of accounting for and disclosures of events that occur after the statement of net assets available for benefits - modified cash basis date but before the financial statements are issued or are available to be issued. The standard sets forth the period after the statement of net assets available for benefits - modified cash basis date during which management should evaluate events or transaction 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 statement of net assets available for benefits - modified cash basis date. It requires the disclosure of the date through which an entity has evaluated subsequent events.

The Plan Administrator has evaluated all subsequent events through October 12, 2010, the date which the financial statements were available to be issued and has determined that other than the merger disclosed above, there are no events that require recognition in the financial statements or disclosure in the notes to the financial statements.

SUPPLEMENTAL SCHEDULE

MUSTANG ENGINEERING LBO 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2009

Plan EIN 01-0551791
Plan Number 003

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	MUTUAL FUNDS			
	MFS	Emerging Markets Debt Fund	N/A	\$ 14,438
*	Hartford	Money Market Fund - R4	N/A	2,847
*	Hartford	Money Market Fund - R5	N/A	372,571
	Investco	Energy Fund - A	N/A	77,619
	Royce	Special Equity Fund	N/A	6,794
	Vanguard	500 Index Signal Fund	N/A	125,220
	Baron	Growth Fund	N/A	17,845
	American Funds	Growth Fund - R3	N/A	67,867
	T. Rowe Price	Mid Cap Growth Fund	N/A	87,756
	MFS	Research International Fund	N/A	41,380
	MFS	Total Return Fund - A	N/A	107,626
	PIMCO	Total Return Fund	N/A	100,640
	ING	Mid-Cap Value Fund Choice - A	N/A	27,788
	MFS	Value Fund - A	N/A	64,275
				<u>\$ 1,114,666</u>

* - Party-in-interest to the Plan

N/A - Not applicable as permitted by Department of Labor for participant directed individual account plans.

See independent auditors' report.

MUSTANG ENGINEERING LBO 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

MUSTANG ENGINEERING LBO 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009

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All other schedules required by the Employee Retirement Income Security Act of 1974 are not applicable and have been omitted.

Independent Auditors' Report

To the Plan Administrator of the
Mustang Engineering LBO 401(k) Plan
Houston, Texas

We were engaged to audit the financial statements of the Mustang Engineering LBO 401(k) Plan (the "Plan") as of December 31, 2009, and for the period from inception (February 1, 2009) to December 31, 2009, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Reliance Trust Company as of December 31, 2009 and for the period from inception (February 1, 2009) to December 31, 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

UHY LLP

Houston, Texas
October 12, 2010

MUSTANG ENGINEERING LBO 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

ASSETS

INVESTMENTS, at fair value

Mutual funds

\$ 1,114,666

TOTAL INVESTMENTS

1,114,666

NET ASSETS AVAILABLE FOR BENEFITS

\$ 1,114,666

See notes to financial statements.

MUSTANG ENGINEERING LBO 401(k) PLAN
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 PERIOD FROM INCEPTION (FEBRUARY 1, 2009) TO DECEMBER 31, 2009

ADDITIONS TO NET ASSETS

INVESTMENT INCOME

Net appreciation in fair value of mutual funds	\$ 136,741
Dividend income from mutual funds	12,066
Interest income from participant loans	41
TOTAL INVESTMENT INCOME	<u>148,848</u>

CONTRIBUTIONS

Participant contributions	<u>243,739</u>
TOTAL CONTRIBUTIONS	<u>243,739</u>

TOTAL ADDITIONS TO NET ASSETS 392,587

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	76,946
Administrative and other expenses	38
TOTAL DEDUCTIONS FROM NET ASSETS	<u>76,984</u>

NET INCREASE 315,603

TRANSFERS OF ASSETS

To this plan	850,708
From this plan	(51,645)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of period	<u>-</u>
End of period	<u><u>\$ 1,114,666</u></u>

MUSTANG ENGINEERING LBO 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE A - DESCRIPTION OF PLAN

The following description of the Mustang Engineering LBO 401(k) 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 was established on February 1, 2009 and is a qualified defined contribution plan as defined by Section 401(a) of the Internal Revenue Code and contains a provision for salary reduction contributions under Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), and any subsequent amendments or revisions.

Administration of the Plan: Mustang Engineering, L.P. (the "Employer") is the Plan Administrator. The trustee for the Plan's assets is Reliance Trust Company. The recordkeeper of the Plan is Hartford Retirement Services, LLC.

Eligibility: All employees of the Employer are eligible to participate if those employees have been designated as LBO (legal benefits only) employees. All other employees are excluded from this plan and, with the exception of leased employees, are allowed to contribute to other plans sponsored by the Employer. Eligible employees are able to participate on the first day of the month coinciding with or following the satisfaction of three months of service.

Contributions: Participants may elect to defer up to one hundred percent (100%) of their eligible compensation, on a pre-tax basis, subject to limits imposed by the Internal Revenue Code. The Plan also has a Roth feature that allows participants to contribute after-tax compensation. The Plan does not allow for Employer matching or non-elective contributions.

Participant Accounts: Each participant's account is credited with the participant's contributions and an allocation of plan investment earnings or losses. Allocations are based upon either the participant's qualified compensation or account balances as defined by the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance at the time of distribution.

Vesting: Participants are immediately vested in their contributions, rollover contributions, and earnings thereon. There are no Employer contributions subject to a vesting schedule.

Forfeitures: Since participants are 100% vested in their account balance, there is no forfeiture account in the Plan.

Participant Loans: Participants loans are not allowed in the Plan. However, loans are permitted for those participants that had loans while under another benefit plan sponsored by the Employer and subsequently changed their status to an LBO employee and transferred into this Plan. At December 31, 2009, there were no outstanding loans transferred.

Payment of Benefits: Benefits are generally provided upon normal retirement, death, permanent disability or termination of employment. Upon normal retirement permanent disability or death, a participant is entitled to receive 100% of the balance of their plan accounts. Under the plan agreement, normal retirement is defined as age 65. Upon termination of employment, a participant is entitled to receive the vested portion of their plan accounts. Benefits are paid as a lump-sum amount or annual installments, as defined in the plan agreement. Participants are permitted in-service distributions from their vested plan accounts at any time after having attained age 59½. In addition, participants may request a distribution of their vested plan accounts upon incurring a financial hardship, as defined in the plan agreement.

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting Standards Codification: In June 2009, the Financial Accounting Standards Board ("FASB") issued FASB Accounting Standards Codification ("ASC") 105, *Generally Accepted Accounting Principles*, which establishes ASC as the sole source of authoritative guidance for generally accepted accounting principles in the United States of America. Pursuant to the provisions of ASC 105, the Plan has updated its references to the generally accepted accounting principles in the United States of America in the notes to its financial statements. The adoption of ASC 105 did not impact the Plan's financial position or results of operations.

Basis of Financial Statements: The financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: The Plan provides for self-directed investment programs for individual participants as provided by Reliance Trust Company. Investment changes can be made at any time. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties: The participants are permitted to invest in various investment options. These investments 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.

Fees and Expenses: Fees and expenses incurred in the administration of the Plan, to the extent not paid by the Employer, are charged to and paid from the Plan's assets.

MUSTANG ENGINEERING LBO 401(k) PLAN
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DECEMBER 31, 2009

NOTE C - INVESTMENTS CERTIFIED BY TRUSTEE (UNAUDITED)

As permitted by the rules and regulations of the Department of Labor with respect to reporting and disclosure under ERISA, the trustee, Reliance Trust Company, has certified to the Plan Administrator that all amounts shown in the accompanying financial statements and supplemental schedule, related to investments, are complete and accurate as of December 31, 2009 and for the period from inception (February 1, 2009) to December 31, 2009.

The following table presents the fair values of investments as of December 31, 2009. Individual investments that represent 5% or more of net assets available for benefits are shown separately.

Mutual Funds:	
Hartford Money Market Fund - R5	\$ 372,571
Invesco Energy Fund - A	77,619
Vanguard 500 Index Signal Fund	125,220
American Fund Growth Fund - R3	67,867
T. Rowe Price Mid Cap Growth Fund	87,756
MFS Total Return Fund - A	107,626
PIMCO Total Return Fund	100,640
MFS Value Fund - A	<u>64,275</u>
Total investments exceeding 5%	1,003,574
Other	<u>111,092</u>
TOTAL INVESTMENTS	<u><u>\$ 1,114,666</u></u>

NOTE D - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides 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 three levels of the fair value hierarchy as defined by ASC 820 are as follows:

- Level 1: Valuations utilizing unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. This is the most reliable evidence of fair value and does not require a significant degree of judgment.
- Level 2: Valuations utilizing quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly for substantially the full term of the asset or liability.
- Level 3: Valuations utilizing significant, unobservable inputs. This provides the least objective evidence of fair value and requires a significant degree of judgment. Inputs may be used with internally developed methodologies and should reflect an entity's assumptions using the best information available about the assumptions that market participants would use in pricing an asset or liability.

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NOTES TO FINANCIAL STATEMENTS
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NOTE D - FAIR VALUE MEASUREMENTS (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009:

- The fair values of mutual funds are determined based on quoted market prices ("fair value") on the last business day of the plan year as reported by the investment trustee of the Plan's assets. The change in the current value of investments during the period are reflected in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of mutual funds. Investments are generally subject to the volatility of the major stock markets in which the underlying investments are held.

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

The following tables present the Plan's assets classified under the appropriate level of fair value hierarchy:

Fair Value at December 31, 2009				
	Level 1	Level 2	Level 3	Fair Value
Mutual funds:				
Money market	\$ 375,418	\$ -	\$ -	\$ 375,418
Equity	77,619	-	-	77,619
Bond	115,078	-	-	115,078
International	41,380	-	-	41,380
Growth	173,469	-	-	173,469
Blend	159,801	-	-	159,801
Allocation	107,626	-	-	107,626
Value	64,275	-	-	64,275
Total mutual funds	<u>1,114,666</u>	<u>-</u>	<u>-</u>	<u>1,114,666</u>
Total investments				
measured at fair value	<u>\$ 1,114,666</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,114,666</u>

NOTE E - PLAN TERMINATION

Although the Employer has not expressed any intent to do so, the Employer has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon any full or partial termination, all amounts credited to the affected participants become fully vested and not subject to forfeiture.

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NOTE F - INCOME TAX STATUS

The Plan uses a non-standardized prototype plan sponsored by the Plan's recordkeeper which received an opinion letter dated March 31, 2008 from the Internal Revenue Service stating that the form of the Plan is acceptable under Section 401(a) of the Internal Revenue Code for use by employers for the benefit of their employees. The Plan has since been amended, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE G - PARTY-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by Hartford Investment Financial Services, LLC. Hartford Retirement Services, LLC is the recordkeeper as defined in the plan agreement and, therefore, these transactions qualify as party-in-interest. The Plan Administrator has approved these activities and transactions.

NOTE H - SUBSEQUENT EVENTS

Effective as of January 1, 2010, the Plan entered into Merger Agreements with two affiliated plans ("affiliate plans") sponsored by affiliates of the Employer whereby a portion of the affiliate plans were merged with and into this Plan. All accounts transferred into this Plan will be subject to the terms and conditions of this Plan and the affiliate plans ceased to exist as separate plans.

The Plan adopted ASC 855, *Subsequent Events*, which establishes general standards of accounting for and disclosures of events that occur after the statement of net assets available for benefits - modified cash basis date but before the financial statements are issued or are available to be issued. The standard sets forth the period after the statement of net assets available for benefits - modified cash basis date during which management should evaluate events or transaction 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 statement of net assets available for benefits - modified cash basis date. It requires the disclosure of the date through which an entity has evaluated subsequent events.

The Plan Administrator has evaluated all subsequent events through October 12, 2010, the date which the financial statements were available to be issued and has determined that other than the merger disclosed above, there are no events that require recognition in the financial statements or disclosure in the notes to the financial statements.

SUPPLEMENTAL SCHEDULE

MUSTANG ENGINEERING LBO 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2009

Plan EIN 01-0551791
Plan Number 003

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	MUTUAL FUNDS			
	MFS	Emerging Markets Debt Fund	N/A	\$ 14,438
*	Hartford	Money Market Fund - R4	N/A	2,847
*	Hartford	Money Market Fund - R5	N/A	372,571
	Investco	Energy Fund - A	N/A	77,619
	Royce	Special Equity Fund	N/A	6,794
	Vanguard	500 Index Signal Fund	N/A	125,220
	Baron	Growth Fund	N/A	17,845
	American Funds	Growth Fund - R3	N/A	67,867
	T. Rowe Price	Mid Cap Growth Fund	N/A	87,756
	MFS	Research International Fund	N/A	41,380
	MFS	Total Return Fund - A	N/A	107,626
	PIMCO	Total Return Fund	N/A	100,640
	ING	Mid-Cap Value Fund Choice - A	N/A	27,788
	MFS	Value Fund - A	N/A	64,275
				<u>\$ 1,114,666</u>

* - Party-in-interest to the Plan

N/A - Not applicable as permitted by Department of Labor for participant directed individual account plans.

See independent auditors' report.