Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BARRON SERVICE PARTS 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1972

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

409 E. 2ND STREET
ODESSA, TX 79761

2b Employer Identification Number (EIN)
75-1584056

2c Sponsor's telephone number
432-332-7120

2d Business code (see instructions)
441300

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.	12/14/2010	D MARK TYLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

409 E. 2ND STREET
ODESSA, TX 79761

3b Administrator's EIN
75-1584056

3c Administrator's telephone number
432-332-7120

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**	146
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**	114
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	134
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	134
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	134
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**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
BARRON SERVICE PARTS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARRON SERVICE PARTS CO

D Employer Identification Number (EIN)
75-1584056

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	100000	97200
(2) Participant contributions	1b(2)	8424	3616
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42435	30208
(2) U.S. Government securities	1c(2)	128450	332278
(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)	473164	418499
(B) Common	1c(4)(B)	152572	375069
(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)	28536	61923
(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)	546100	701331
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1479681	2020124
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1479681	2020124

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	97200	
	(B) Participants	2a(1)(B)	84012	
	(C) Others (including rollovers)	2a(1)(C)	1678	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		182890
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	291	
	(B) U.S. Government securities	2b(1)(B)	39188	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1583	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		41062
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	420	
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	31910	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		32330
	(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)		297000
c Other income	2c		52991
d Total income. Add all **income** amounts in column (b) and enter total	2d		606273
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	65830	
(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)		65830
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)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		65830
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		540443
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: RANDY SILHAN, CPA, CFE (2) EIN: 26-2515308

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
BARRON SERVICE PARTS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARRON SERVICE PARTS CO

D Employer Identification Number (EIN)
75-1584056

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 75-1584056

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BARRON SERVICE PARTS 401(K)
PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2009

BARRON SERVICE PARTS 401(K) PROFIT SHARING PLAN

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RANDY SILHAN, CPA, CFE
CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FRAUD EXAMINER
2817 JBS PARKWAY – SUITE C-202
ODESSA, TEXAS 79762

INDEPENDENT AUDITOR'S REPORT

To the Management & Plan Administrator of Barron Service Parts 401(k) and Profit Sharing Plan:

I have audited the accompanying statement of net assets available for benefits of Barron Service Parts 401(k) Profit Sharing Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended. These financial statements are the responsibility of the Plan's management. My responsibility is to express an opinion on these financial statements based on my audit.

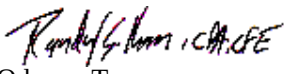
I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, I express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements, referred to above, of the Plan present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and the changes in net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

My audit was conducted for the purpose of forming an opinion on the basic financial statement taken as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2009, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in my opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

I have compiled the accompanying statement of net assets available for benefits of the Plan as of December 31, 2008 in accordance with the 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. I have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.



Odessa, Texas
December 3, 2010

TELEPHONE (432) 580-0204 x 206 - FAX (432) 337-0014 - CELL (432) 557-2626
E-MAIL: rsilhan@grandecom.net

BARRON SERVICE PARTS CO. 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	(Compiled) 2008
ASSETS		
Investments, at fair value:		
Participant-directed accounts	$ 641,968	$ 430,924
Trustee-directed profit sharing accounts	1,215,417	911,797
Participant loans	61,923	28,536
Total Investments	1,919,308	1,371,257
Receivables:		
Participant contributions receivable	3,616	8,424
Employer contributions receivable	97,200	100,000
Total Receivables	100,816	108,424
TOTAL ASSETS	$ 2,020,124	$ 1,479,681
LIABILITIES & NET ASSETS AVAILABLE FOR BENEFITS		
Total Liabilities	$ -	$ -
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,020,124	$ 1,479,681

The accompanying notes are an integral part of these financial statements

BARRON SERVICE PARTS CO. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

	2009
ADDITIONS TO NET ASSETS	
ATTRIBUTED TO:	
Investment Income:	
Net appreciation in fair value of investments	$ 421,800
Loan interest	1,583
Total Investment Income	423,383
Contributions:	
Participants	84,012
Employer profit sharing contribution	97,200
Rollovers	1,678
Total Contributions	182,890
TOTAL ADDITIONS (REDUCTIONS)	606,273
DEDUCTIONS FROM NET ASSETS	
ATTRIBUTED TO:	
Benefits & distributions to participants	65,830
TOTAL DEDUCTIONS	65,830
NET INCREASE (DECREASE)	540,443
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of the Year	1,479,681
End of the Year	$ 2,020,124

The accompanying notes are an integral part of these statements.

BARRON SERVICE PARTS CO. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

NOTE 1: DESCRIPTION OF PLAN

The following description of the Barron Service Parts Co. 401(k) Profit Sharing Plan (the Plan) provides only general information. The plan is sponsored by Barron Service Parts Company, (the Company or Employer). The trustees of the plan's assets are two individuals who are not subject to control of a corporate trustee. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan was originally established January 1, 1972. The amended and restated provisions of the Plan became effective on January 1, 2009. To become a participant in the plan, an employee must be eighteen years old and must complete one year of continuous service (1,000 hours of service) beginning with the date of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and regulations issued by the Department of Labor. This plan is not integrated with Social Security.

Contributions. Eligible employees may contribute up to $16,500 in 2009. Individuals age 50 or over by the end of the plan year are allowed to make additional "catch up" contributions of up to $5,500 in 2009. The Company permits rollover contributions into the Plan. The Company may also make discretionary matching and non-elective profit-sharing contributions.

Participant Accounts. The Plan allows participants to direct their salary deferral contributions into investments by choosing from several investment options. Each participant's account is managed by the Plan and credited with (a) the participant's contributions, (b) company matching and profit sharing contributions and (c) allocation of Plan earnings, and (d) charged with an allocation of administrative expenses. The earnings allocated to a participant are based on the performance of the investments selected by the participant. The benefit to which a participant is entitled is the vested balance in the participant's account. Participants direct their own investments made from their salary deferrals and the trustee directs the investments of the profit sharing contributions. The Plan has two separate brokerage accounts. One holds the individual participants investments and the other holds the profit sharing contributions which are directed by the trustee into the individual investment options explained in Note 2. Allocations of discretionary employer matching and profit sharing contributions are based on the same ratio as each participant's compensation bears to the total compensation of all eligible participants as defined in the plan document.

Vesting. Participants are immediately vested in their voluntary contributions and rollover amounts plus actual earnings thereon. Vesting in any employer's matching or profit sharing contribution and the earnings thereon is based on years of credited service according to the following schedule:

Years of Service	Vesting %
Less than 2	-
2	20%
3	40%
4	60%
5	80%
6	100%

A participant immediately becomes 100 percent vested upon death, disability, or attainment of normal retirement age.

NOTE 1: DESCRIPTION OF PLAN (continued)

Participant Loans. Participants may borrow from their fund accounts a minimum of $1,000 up to maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest between 6 - 7%, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is repaid through payroll deductions.

Payment of Benefits. Upon retirement, death, disability, or termination of employment, a participant (or beneficiary, if applicable) may receive a lump-sum distribution. Certain in-service distributions are permitted by the Plan, subject to limitations described in the plan document. Hardship distributions are not permitted. Benefits are accounted for when paid.

Forfeitures. Forfeitures are the non-vested portion of the employer matching and profit sharing contributions of a terminated participant's account balance. These may be used to reduce matching contributions or to pay administrative expenses of the Plan. The Plan had no forfeitures in 2009.

Administration. Wells Fargo Advisors provides investment advisory services to the Plan. Pentec Pension Management serves as the third-party administrator of the Plan.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles 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 disclosure of contingent assets at the date of the financial statements and the reported amounts of revenues and expense during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated 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. Plan investments consist of money market accounts, certificates of deposit, mutual funds, common stocks, preferred and fixed rate securities, corporate bonds, and U.S. government securities. These investments are reported in the statement of net assets available for benefits as either participant-directed or trustee-directed investments. Quoted market prices are used to value mutual funds and money market accounts. Shares of mutual funds are valued at quoted market prices that represent the net asset value of shares held by the Plan at year-end. Common stocks, preferred & fixed rate securities, corporate bonds and U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded. The net appreciation (depreciation) in the fair value of all of these investments is reported as a single line item in the statement of changes in net assets available for benefits and consists of the following: interest, dividends, realized and unrealized gains or losses, capital gain distributions, and brokerage and advisory fee expenses. Participant loans are valued at their amortized cost which approximates fair value. Loan interest is reported separately.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Operating expenses
Although the Plan permits the payment of operating expenses, the Company absorbed the operating expenses associated with administering the plan in 2009.

Risks & Uncertainties
The Plan provides for various investment options in a combination of various securities that are subject to certain market risks, interest rates, and credit risks. Due to the risks associated with these investments, there is a level of uncertainty related to changes in the value of the investment securities; therefore it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in assets available for benefits.

NOTE 3: FAIR VALUE MEASUREMENTS

FASB ASC 820 (formerly FASB Statement No. 157, Fair Value Measurements), establishes a 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 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. . The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. Further details of the Level 3 fair value measurement are reported in a separate table.

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. There have been no changes in the methodologies used at December 31, 2009 and 2008.

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

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

December 31, 2009	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Participant-directed accounts			
Mutual funds	$ 635,522	$ 635,522	$ -
Cash accounts	6,446	6,446	-
Participant loans	61,923	-	61,923
Trustee-directed accounts			
Common stocks & options	375,069	375,069	-
Mutual funds	65,808	65,808	-
Preferred & fixed rate cap securities	418,500	418,500	-
Fixed income securities (corporate & U.S. bonds, CDs)	332,278	332,278	-
Cash accounts	23,762	23,762	-
Total	$ 1,919,308	$ 1,857,385	$ 61,923
December 31, 2008			
Participant-directed accounts			
Mutual funds	$ 427,311	$ 427,311	$ -
Cash accounts	3,613	3,613	-
Participant loans	28,536	-	28,536
Trustee-directed accounts			
Common stocks & options	152,572	152,572	
Mutual funds	118,789	118,789	
Preferred & fixed rate securities	473,164	473,164	
Fixed income securities (corporate & U.S. bonds, CDs)	128,450	128,450	-
Cash accounts	38,822	38,822	
Total	$ 1,371,257	$ 1,342,721	$ 28,536

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Level 3 Gains and Losses

December 31, 2009	Participant Loans
Beginning balance	$ 28,536
Purchases, sales, issuances, and settlements (net)	31,804
Interest earnings	1,583
Ending Balance	$ 61,923
December 31, 2008	
Beginning balance	$ 32,568
Purchases, sales, issuances, and settlements (net)	(4,530)
Interest earnings	498
Ending Balance	$ 28,536

NOTE 4: INVESTMENTS IN EXCESS OF FIVE PERCENT OF NET ASSETS

The following individual investments represent five percent (5%) or more of the Plan's net assets as calculated at December 31:

	2009
Participant-directed: Dodge & Cox Stock Fund	$204,724

	2008
Participant-directed: Dodge & Cox Stock Fund	$133,244
Trustee-directed: Bank of America 7% Cap Tr II – Preferred	78,014

The Plan held no single investment in common or preferred stock which amounted to five or more percent of the Plan's net assets as calculated as of December 31, 2009. The Plan held one preferred fixed rate security which amounted to five percent or more of the Plan's net assets as of December 31, 2008 as shown above.

NOTE 5: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time so as to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants' accounts are non-forfeitable and the value of the accounts will be determined as of the termination date, which will be treated as a valuation date.

NOTE 6: INCOME TAX STATUS

The Internal Revenue Service has rendered an opinion and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator 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 7: PARTIES-IN-INTEREST

Wells Fargo Advisors provide investment advisory services to the Plan. These services include mutual funds managed by Wells Fargo. Investment consultation and advisory fees paid by the plan qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA. These fees totaled $14,500 in 2009.

SUPPLEMENTAL SCHEDULE

Barron Service Parts Co. 401(k) Profit Sharing Plan
75-1584056
Form 5500, Schedule H, Part IV, Line 4i
Plan #001
Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Participant-directed:			
*	Wells Fargo Advantage-Ultra S/T Inc Inv	Mutual fund	$ n/a	$ 3,747
*	Wells Fargo Advantage-Ultra S/T Inc I	Mutual fund	n/a	12,194
	EuroPacific Growth Class A	Mutual fund	n/a	7,532
	EuroPacific Growth Class F	Mutual fund	n/a	87,420
	AIM Funds Balanced Fund	Mutual fund	n/a	34,146
	Dodge & Cox Stock Fund	Mutual fund	n/a	204,724
	Goldman Sachs ILA Money Mrkt	Mutual fund	n/a	8,902
	MFS Growth Fund	Mutual fund	n/a	57,473
	Vanguard Index Trust 500 Port. Fund	Mutual fund	n/a	68,553
	Seligman Comm. & Inf. Fnd	Mutual fund	n/a	58,015
	AIM Constellation Fund	Mutual fund	n/a	92,816
*	Wells Fargo - Cash accumulation trust	Cash equivalent	n/a	6,446
	Participant Loans	Participant Loans - 6% - 7%	n/a	61,923
			$ n/a	$ 703,891

Note Column (d) is not applicable for participant-directed investments
* Qualifies as a party-in-interest

See independent auditor's report.

Barron Service Parts Co. 401(k) Profit Sharing Plan
75-1584056
Form 5500, Schedule H, Part IV, Line 4i
Plan #001
Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Trustee-directed:			
*	Wells Fargo - Cash accumulation trust	Cash equivalent	$ 23,762	$ 23,762
	Anadarko Petroleum Corp.	Common stock	23,773	24,968
	Apple Inc.	Common stock	15,393	21,073
	AT&T Inc.	Common stock	26,059	28,030
	Atwood Oceanics, Inc.	Common stock	13,413	14,340
	Chevron Corp.	Common stock	13,975	15,398
	Cisco Systems, Inc.	Common stock	4,209	4,788
	Conoco Phillips	Common stock	42,918	40,856
	Deere & Co.	Common stock	10,722	10,818
	Devon Energy Corp.	Common stock	13,411	14,700
	Exxon Mobile Corp.	Common stock	21,043	20,457
	General Electric Co.	Common stock	12,762	12,104
	Goldman Sachs Group	Common stock	13,818	16,884
	IBM Corp.	Common stock	23,729	26,180
	Johnson Controls, Inc.	Common stock	22,643	19,068
	Lockheed Martin Corp.	Common stock	18,374	15,070
	Market Vector Gold Miners	Common stock	6,657	9,242
	Novartis Ag Spon Adr	Common stock	11,227	10,886
	Rayonier Inc.	Common stock	8,459	8,432
	SPDR S&P 500 Trust	Common stock	22,254	22,288
	United Technologies	Common stock	18,384	20,823
	XTO Energy, Inc.	Common stock	12,635	13,959
	3M Co.	Common stock	21,158	24,801
	Various common stocks	Options Adjustment on Common Stocks	(20,096)	(20,096)
	Dodge & Cox Balanced Fund	Mutual fund	39,295	35,325
	PIMCO Floating Rate Income Fund	Mutual fund	42,247	30,483
	Alcoa, Inc.	Preferred/Fixed Rate Cap Security	18,075	18,393
	Ameriprise Financial, Inc.	Preferred/Fixed Rate Cap Security	35,815	37,710
	ARCH Capital Group 7.875%	Preferred/Fixed Rate Cap Security	25,684	25,340
	Bank of America 7% Cap Tr II	Preferred/Fixed Rate Cap Security	89,303	84,550
	Bank of America 8.625%	Preferred/Fixed Rate Cap Security	64,340	66,258
	BB&T Cap Tr VI 9.6%	Preferred/Fixed Rate Cap Security	38,925	42,622
	Innkeepers USA 8% Cumulative Preferred	Preferred/Fixed Rate Cap Security	25,500	1,050
	Merrill Lynch Preferred Cap 7%	Preferred/Fixed Rate Cap Security	92,807	82,200
	Merrill Lynch 6.45% Cap	Preferred/Fixed Rate Cap Security	46,724	36,366
	Metlife 6.5% Preferred	Preferred/Fixed Rate Cap Security	18,000	24,010
	U.S. Treasury	U.S. Government Bonds	25,963	26,460
	Credit Suisse Fb USA Inc Notes	Corporate Bond	50,553	50,065
	Bank of America Notes	Corporate Bond	20,524	20,143
	Goldman Sachs Group LP notes	Corporate Bond	25,188	25,365
	Goodyear Tire & Rubber Notes	Corporate Bond	19,700	20,671
	General Electric Cap Corp Global Notes	Corporate Bond	30,555	32,015
	JP Morgan Chase & Co Global Notes	Corporate Bond	20,011	21,750
	Liberty Media Corp Notes	Corporate Bond	18,400	19,047
	Caterpillar Financial	Corporate Bond	15,750	15,427
	Lowe's Companies, Inc.	Corporate Bond	21,647	21,490
	Chesapeake Energy Corp Senior Notes	Corporate Bond	33,400	39,016
	Lasalle Bank	Certificate of Deposit	20,591	20,673
	Southwest Bank	Certificate of Deposit	20,231	20,157
		Total	$ 1,239,910	$ 1,215,417

Note: Column (d) is not applicable for participant-directed investments

* Qualifies as a party-in-interest

See independent auditor's report.

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 BARRON SERVICE PARTS 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1972

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

409 E. 2ND STREET

ODESSA TX 79761

2b Employer Identification Number (EIN) 75-1584056

2c Sponsor's telephone number (432)332-7120

2d Business code (see instructions) 441300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of plan administrator	Date	PRICE HARP Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	PRICE HARP Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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

5 Total number of participants at the beginning of the plan year	**5**	146
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**	114
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	134
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	134
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	134
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**	

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

2E 3D 3H 2H 2J 2K

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	(1)	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(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		**b General Schedules**	
(1)	☒ **R** (Retirement Plan Information)	(1)	☒ **H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐ **I** (Financial Information – Small Plan)
		(3)	☐ **A** (Insurance Information)
		(4)	☐ **C** (Service Provider Information)
(3)	☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	☐ **D** (DFE/Participating Plan Information)
		(6)	☐ **G** (Financial Transaction Schedules)

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BARRON SERVICE PARTS 401K PROFIT SHARING PLAN **EIN:** 75-1584056
Plan Sponsor's Name BARRON SERVICE PARTS CO **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Cash Accumulation Trust	Cash		6,446
	AIM Constellation Fund	Mutual Fund		92,816
	Balanced Fund Inc	Mutual Fund		34,146
	Dodge & Cox Fund	Mutual Fund		204,724
	Europacific Growth Fd Cl A	Mutual Fund		7,532
	Europacific Growth Fd Cl F	Mutual Fund		87,420
	Goldman Sachs Tr ILA MM	Money Market		8,902

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BARRON SERVICE PARTS 401K PROFIT SHARING PLAN **EIN:** 75-1584056
Plan Sponsor's Name BARRON SERVICE PARTS CO **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MFS Growth Cl A	Mutual Fund		57,473
	Seligman Comm & Info	Mutual Fund		58,015
	Vanguard Index 500	Mutual Fund		68,553
	Wells Fargo Adv Ultra Short	Mutual Fund Trm Inc		12,194
	Wells Fargo Adv Ultra Sh Trm Cl	Mutual Fund		3,747
	Wells Fargo Advisors	Brokerage Account		1,215,417