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
TEXAS TRANSEASTERN, INC. 401K PROFIT SHARING & TRU

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1989

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

CPI-QPC, INC.

P. O. BOX 1167
GREAT BEND, KS 67530

P.O. BOX 1167
GREAT BEND, KS 67530

2b Employer Identification Number (EIN)
76-0258786

2c Sponsor's telephone number
620-793-8473

2d Business code (see instructions)
484120

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.	12/27/2010	J. J. ISBELL JR.
	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")

TEXAS TRANSEASTERN, INC.
CPI-QPC, INC.
P. O. BOX 1167
GREAT BEND, KS 67530

3b Administrator's EIN: 76-0258786

3c Administrator's telephone number: 620-793-8473

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**	272
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**	158
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	132
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	290
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	290
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	230
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2J

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
TEXAS TRANSEASTERN, INC. 401K PROFIT SHARING & TRU

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0258786

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MATRIX FINANCIAL SOLUTIONS
700 17TH STREET, STE 300
DENVER, CO 80202

20-1591048

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

AMERICAN FUNDS

95-1411037

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

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

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

SPAIN, PRICE, READER & THOMPSON P.C

74-1663570

(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?
	NONE	19125	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

CPI QUALIFIED PLAN CONSULTANTS, INC

1809 24TH STREET, P.O. BOX 1167
GREAT BEND, KS 67530

48-1205033

(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?
12 62 15 64 37 50 60	NONE	5381	Yes [X] No [ ]	Yes [X] No [ ]	4824	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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
CPI QUALIFIED PLAN CONSULTANTS, INC	12 62 15 64 37 50 60	1460

(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.
AMERICAN FUNDS	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CPI QUALIFIED PLAN CONSULTANTS, INC	12 62 15 64 37 50 60	3069

(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.
VAN KAMPEN	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES.

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
TEXAS TRANSEASTERN, INC. 401K PROFIT SHARING & TRU

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0258786

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	0	6521
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		4188
(2) Participant contributions	1b(2)		15283
(3) Other	1b(3)		352
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	321814	
(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)	73109	78466
(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)	1022863	1558044
(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	1417786	1662854
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1417786	1662854

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)	49036	
	(B) Participants	2a(1)(B)	196533	
	(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)		245569
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)	4784	
	(F) Other	2b(1)(F)	2468	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7252
	(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)	22229	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22229
	(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		157027
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		432077
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	203556	
(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)		203556
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	9489	
(3) Investment advisory and management fees	2i(3)	19125	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28614
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		232170
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		199907
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SPAIN, PRICE, READER & THOMPSON (2) EIN: 74-1663570

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		2402
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		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
TEXAS TRANSEASTERN, INC. 401K PROFIT SHARING & TRU

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
76-0258786

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): 26-4018062

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):

SPAIN, PRICE, READER & THOMPSON, P.C.
BUSINESS CONSULTANTS/CPAs

Commercial Door Company of Houston, Inc.

(A Wholly-Owned Subsidiary of

Commercial Door Company of Texas, Inc.)

Financial Statements and

Supplementary Information

For the Years Ended December 31, 2009 and 2008

The Wortham Tower • 2727 Allen Parkway, Suite 1850 Houston, Texas 77019 • Tel. (713) 520-1850 • Fax (713) 522-8887

COMMERCIAL DOOR COMPANY OF HOUSTON, INC.
(A WHOLLY-OWNED SUBSIDIARY OF COMMERCIAL DOOR COMPANY OF TEXAS, INC.)

DECEMBER 31, 2009 AND 2008

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SPAIN, PRICE, READER & THOMPSON, P.C.
BUSINESS CONSULTANTS/CPAs

INDEPENDENT AUDITORS' REPORT

To the Board of Directors and Shareholder
of Commercial Door Company of Houston, Inc.
Houston, Texas

We have audited the accompanying balance sheets of Commercial Door Company of Houston, Inc. (an S corporation and a wholly-owned subsidiary of Commercial Door Company of Texas, Inc.) as of December 31, 2009 and 2008, and the related statements of income and retained earnings, and cash flows for the years then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. 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. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Commercial Door Company of Houston, Inc. as of December 31, 2009 and 2008, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedules on pages 11-12 are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Spain Price Reader & Thompson, P.C.

Houston, Texas
March 29, 2010

COMMERCIAL DOOR COMPANY OF HOUSTON, INC.
(A WHOLLY-OWNED SUBSIDIARY OF COMMERCIAL DOOR COMPANY OF TEXAS, INC.)
BALANCE SHEETS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Current assets		
Cash	$ 805,115	$ 29,895
Receivables - trade, less allowance for doubtful accounts of $10,000 and $36,000, respectively	1,203,165	2,645,271
Receivables - related party	305,446	34,667
Inventory	842,513	1,107,425
Prepaid expenses and other	64,228	68,583
	3,220,467	3,885,841
Property and equipment		
Computer equipment	31,003	17,737
Machinery and equipment	177,583	161,649
Furniture and fixtures	29,312	8,077
Vehicles	80,330	55,653
Leasehold improvements	190,528	190,528
	508,756	433,644
Less accumulated depreciation	279,662	232,560
	229,094	201,084
	$ 3,449,561	$ 4,086,925

See accompanying notes and accountants' report.

COMMERCIAL DOOR COMPANY OF HOUSTON, INC.
(A WHOLLY-OWNED SUBSIDIARY OF COMMERCIAL DOOR COMPANY OF TEXAS, INC.)
BALANCE SHEETS
DECEMBER 31, 2009 AND 2008

	2009	2008
LIABILITIES AND SHAREHOLDER'S EQUITY		
Current liabilities		
Bank overdraft	$ -	$ 211,398
Accounts payable - trade	245,245	381,437
Other accrued liabilities	163,142	291,905
State income taxes payable	17,169	42,674
	425,556	927,414
Note payable	-	296,000
Shareholder's equity		
Common stock, no par value, 1,000,000 shares authorized, 10,000 shares issued and outstanding	10,000	10,000
Additional paid-in capital	294,890	294,890
Retained earnings	2,719,115	2,558,621
	3,024,005	2,863,511
	$ 3,449,561	$ 4,086,925

See accompanying notes and accountants' report.

COMMERCIAL DOOR COMPANY OF HOUSTON, INC.
(A WHOLLY-OWNED SUBSIDIARY OF COMMERCIAL DOOR COMPANY OF TEXAS, INC.)
STATEMENTS OF INCOME AND RETAINED EARNINGS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Revenues		
Net sales	$ 11,635,041	$ 14,353,905
Cost of revenues		
Materials	4,571,115	5,554,726
Freight	240,082	282,613
Labor	2,139,214	2,662,373
Installation costs	857,607	1,030,252
Warehouse costs	336,189	409,206
	8,144,207	9,939,170
Gross profit	3,490,834	4,414,735
Operating expenses		
Selling and advertising	1,721,006	1,687,863
General and administrative	751,600	866,027
	2,472,606	2,553,890
	1,018,228	1,860,845
Other income (expense)		
Interest expense	(15,148)	(32,569)
Interest income	3,388	-
Administrative fee	132,144	129,141
Sale of asset	-	6,982
Other	6,910	826
	127,294	104,380
Net income before state income taxes	1,145,522	1,965,225
State income taxes	5,911	42,274
Net income	1,139,611	1,922,951
Retained earnings at beginning of year	2,558,621	1,339,591
Distributions	(979,117)	(703,921)
Retained earnings at end of year	$ 2,719,115	$ 2,558,621

See accompanying notes and accountants' report.

COMMERCIAL DOOR COMPANY OF HOUSTON, INC.
(A WHOLLY-OWNED SUBSIDIARY OF COMMERCIAL DOOR COMPANY OF TEXAS, INC.)
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Cash flows from operating activities		
Net income	$ 1,139,611	$ 1,922,951
Adjustments to reconcile net income to net cash provided by (used in) operating activities		
Depreciation	47,102	32,002
(Increase) decrease in assets:		
Receivables	1,171,327	(709,664)
Inventory	264,912	(270,712)
Prepaid expenses	4,355	(18,897)
Increase (decrease) in liabilities:		
Bank overdraft	(211,398)	47,307
Accounts payable	(136,192)	112,797
Other accrued liabilities	(128,763)	139,084
State income taxes payable	(25,505)	25,674
Net cash provided by operating activities	2,125,449	1,280,542
Cash flows from investing activities		
Cash paid for purchase of fixed assets	(75,112)	(87,652)
Net cash used in financing activities	(75,112)	(87,652)
Cash flows from financing activities		
Net repayments on line of credit	-	(349,373)
Payments on note payable	(296,000)	(110,500)
Distributions to shareholder	(979,117)	(703,922)
Net cash used in financing activities	(1,275,117)	(1,163,795)
Net increase in cash	775,220	29,095
Cash at beginning of year	29,895	800
Cash at end of year	$ 805,115	$ 29,895
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 15,148	$ 37,878
Cash paid for state income taxes	$ 22,000	$ 16,600

See accompanying notes and accountants' report.

COMMERCIAL DOOR COMPANY OF HOUSTON, INC.
(A WHOLLY-OWNED SUBSIDIARY OF COMMERCIAL DOOR COMPANY OF TEXAS, INC.)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1: Summary of significant accounting policies

Nature of business

Commercial Door Company of Houston, Inc. (the "Company") was incorporated December 1977 in the State of Texas. The Company is engaged in the sales, installation, and service of overhead doors and door openers servicing commercial and residential customers primarily in Houston, Texas and the surrounding areas.

The Company operates under two distributor agreements with Overhead Door Corporation. The agreements provide for the sales and installation of Overhead Door Corporation products in certain areas as defined in the agreements. The agreements provide for certain covenants which the Company is required to adhere to. The agreements may be terminated by either party at any time for any reason by giving written notice of such termination to the other party.

In September 2006, all the voting stock of the Company was purchased by Commercial Door Company of Texas, Inc. (the "parent company") which is owned by certain officers of the Company.

Use of estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Revenue recognition

The Company recognizes revenue when all of the following criteria have been met:

a) Persuasive evidence of an arrangement exists
b) Delivery has occurred or services have been rendered
c) The seller's price is fixed or determinable
d) Collectability is reasonably assured

Cash equivalents

The Company considers all highly liquid investments with an original maturity of three months or less to be cash equivalents. As of December 31, 2009 and 2008, there were no cash equivalents.

Bank sweep account

The Company utilizes a sweep arrangement with a certain bank. Under this arrangement, excess available cash is applied against the Company's line of credit.

NOTE 1: Summary of significant accounting policies (continued)

Accounts receivable

The Company bills its installation customers in accordance with contractual arrangements generally on a progressive basis. Accounts are charged to bad debts as they are deemed uncollectible based upon a periodic review of accounts receivable. The Company carries its accounts receivable at cost less an allowance for doubtful accounts. The Company has recorded a bad debt reserve of $10,000 and $36,000 against its trade accounts receivable as of December 31, 2009 and 2008, respectively.

The Company extends unsecured credit to its customers in the ordinary course of business but mitigates the associated credit risk by performing ongoing credit evaluations of its customers.

Inventory

Inventory is stated at the lower of cost, primarily determined on the first-in, first-out (FIFO) method, or market. Inventory consists of various doors and related products.

Property and equipment

Property and equipment are stated at cost. Depreciation is based on the straight line and accelerated methods over the estimated useful lives of the assets. Depreciation expense was $47,102 and $32,002 as of December 31, 2009 and 2008, respectively.

Expenditures for maintenance and repairs are charged to income as incurred. The Company capitalizes major replacements and improvements and amortizes these costs over periods benefited. The gain or loss on assets sold or retired is included in income.

Advertising

Advertising costs are expensed as incurred. Advertising expense for the years ended December 31, 2009 and 2008 was $170,857 and $117,516, respectively.

Sales tax

The State of Texas imposes a sales tax of 6.5% on all of the Company's sales to nonexempt customers and up to an additional 1.75% is collected for local sales and use taxes. The Company collects these sales taxes from customers and remits the entire amount to the State. The Company's accounting policy is to exclude the tax collected and remitted to the State from revenues and cost of sales.

Income taxes

Effective October 1, 1999, the Company elected to be subject to the S corporation provisions of the Internal Revenue Code. Under this section of the Internal Revenue Code, the net income or loss of the Company is allocated to the shareholder and included on the shareholder's tax return. Accordingly, no provision for Federal income taxes is included in the financial statements.

NOTE 1: Summary of significant accounting policies (continued)

Income taxes (continued)

In 2009, the Company adopted the guidance originally issued in FASB Interpretation No. 48, "Accounting for Uncertainty in Income Taxes — an Interpretation of FASB Statement No. 109" (codified in FASB ASC Topic 740, "Income Taxes"). The Company concluded there were no uncertain tax positions that result in material unrecognized tax benefits.

Subsequent events

The Company has evaluated subsequent events through the issuance of the financial statements, which occurred on March 29, 2010.

Reclassifications

Certain balances from the prior year have been reclassified to conform to the current year presentation.

NOTE 2: Line of credit and notes payable

The Company has access to a revolving line of credit with a certain financial institution through its parent company. Borrowings are permitted up to a certain percentage of accounts receivable, current inventory and fixed assets, calculated monthly, not to exceed $800,000. The line of credit is secured by substantially all the assets of the Company, and the personal guarantee of the parent company's majority shareholder. In accordance with the loan agreement, the interest rate on the amounts borrowed is 5%. The line of credit expires May 10, 2010 with interest only due monthly through the expiration of the line of credit. As of December 31, 2009 and 2008, there were no outstanding borrowings on the line of credit.

The Company had a note payable to the former shareholder, guaranteed by the majority shareholder, with an original amount of $500,000. The balance outstanding on this note payable was $296,000 as of December 31, 2008. This note payable was paid in full during the year ending December 31, 2009.

NOTE 3: Related party transactions

The Company leases certain trucks from a company owned solely by the majority shareholder of the parent company under month to month leases. Lease expense under this agreement was $59,775 and $92,345, respectively, for the years ended December 31, 2009 and 2008. As of December 31, 2009, the Company has a $30,000 receivable from this entity classified in Receivables – related party on the financial statements.

At December 31, 2009, the Company has $250,000 receivable from its parent company classified in Receivables – related party on the financial statements.

NOTE 3: Related party transactions (continued)

The Company has $16,910 and $17,341 of receivables from companies owned by its parent company as of December 31, 2009 and 2008, respectively, classified in Receivables – related party on the financial statements.

The Company has $8,536 and $16,746 of receivables from employees classified in Receivables – related party on the financial statements.

NOTE 4: Concentration of credit risk

The Company's financial instruments that are exposed to concentrations of credit risk consist primarily of trade receivables. However, concentrations of credit risk with respect to trade receivables are limited due to the large number of customers comprising the Company's customer base and their dispersion across different industries and geographic areas.

The Company has a distribution agreement that provides product for them at reduced prices which comprises approximately 72% of the total purchases for the year ended December 31, 2009.

The Company maintains its cash balances in financial institutions located in Houston, Texas. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At December 31, 2009, the Company's cash balances exceeded the FDIC limit by $402,066.

NOTE 5: Employee savings plan

The Company has a 401(k) plan which allows employees to defer a percentage of their salaries and wages. The plan covers substantially all employees of the Company meeting certain eligibility requirements. The plan provides for employer matching contributions equal to the employee's contribution up to 4% of the employee's annual compensation. Employer matching contributions were $72,346 and $44,484 for the years ended December 31, 2009 and 2008.

NOTE 6: Commitments

The Company leases its warehouse and office facilities under a long-term non-cancelable operating lease agreement expiring at August 31, 2011. The agreement generally requires that the Company pay applicable property taxes, insurance, and repairs. Rent payments are $8,400 per month.

Total rent expense for the years ended December 31, 2009 and 2008 was $425,135 and $451,657, respectively.

The following represents the future minimum rental payments required under operating lease agreements as of December 31, 2009:

Year ending December 31,	
2010	$ 102,000
2011	68,000
	$ 170,000

NOTE 6: Commitments (continued)

The Company's assets are considered collateral for debt of the parent. The companies are cross collateralized and each would be held responsible upon default. The balances as of December 31 are as follows:

	2009	2008
Line of credit – Dallas location up to $800,000 maturing May 10, 2010, interest is at 5%.	$ 183,800	$ 98,488
Line of credit – Conroe location up to $500,000 maturing May 10, 2010, interest is at 5%.	126,902	182,373
Term note – Houston and Dallas purchase maturing August 29, 2011, interest is at prime less .5% currently 3.25%.	582,355	873,151
Term note – Conroe purchase maturing November 16, 2012, interest is at prime less .5% currently 3.25%	169,313	255,050
	$ 1,062,370	$ 1,409,062

SUPPLEMENTARY INFORMATION

COMMERCIAL DOOR COMPANY OF HOUSTON, INC.
(A WHOLLY-OWNED SUBSIDIARY OF COMMERCIAL DOOR COMPANY OF TEXAS, INC.)
STATEMENTS OF SELLING AND ADVERTISING EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Salaries and wages	$ 1,101,344	$ 1,090,857
Advertising	170,857	117,516
Contract labor	46,099	47,801
Payroll taxes	72,143	69,691
Credit card fees	46,601	47,855
Automobile and truck	83,400	83,842
Insurance	77,524	69,204
Retirement plan	23,841	40,336
Rent	27,600	27,600
Office expense	23,604	25,028
Commissions	24,537	18,085
Utilities	7,342	17,153
Travel and entertainment	2,970	15,317
Leased equipment	7,306	7,829
Conferences and seminars	1,028	4,287
Dues and subscriptions	4,457	5,069
Telephone	353	393
	$ 1,721,006	$ 1,687,863

See accountants' report.

COMMERCIAL DOOR COMPANY OF HOUSTON, INC.
(A WHOLLY-OWNED SUBSIDIARY OF COMMERCIAL DOOR COMPANY OF TEXAS, INC.)
STATEMENTS OF GENERAL AND ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Salaries and wages	$ 317,497	$ 459,876
Contract labor	4,632	30,236
Legal and professional	55,039	50,962
Insurance	61,863	50,808
Other taxes	56,028	48,605
Office expense	27,524	20,396
Payroll taxes	25,970	27,857
Leased equipment	23,073	20,199
Bad debts	53,336	55,524
Utilities	21,755	13,722
Repairs and maintenance	7,171	9,723
Telephone	10,742	10,031
Credit and collections	16,179	20,572
Rent	8,400	8,400
Travel	5,681	-
Bank service charges	10,121	6,435
Conferences and seminars	2,474	218
Meals and entertainment	5,280	4,298
Postage and delivery	8,071	6,050
Miscellaneous	3,721	6,798
Retirement plan	8,713	5,657
Donations	3,925	750
Dues and subscriptions	1,299	1,103
Security	1,336	3,640
Depreciation	5,612	3,066
Automobile and truck	6,158	1,101
	$ 751,600	$ 866,027

See accountants' report.

TEXAS TRANSEASTERN, INC. 401(k) PROFIT SHARING AND TRUST
SCHEDULE H – ITEM 4i – SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2009

Plan Sponsor Number: 76-0258786
Plan No. 001

(a) Party-in-Interest	(b) Identity of Issuer/Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds	American Funds 2015 Tdate R2	**	$ 22,168
	American Funds	American Funds 2020 Tdate R2	**	8,125
	American Funds	American Funds 2025 Tdate R2	**	97,859
	American Funds	American Funds 2030 Tdate R2	**	94,249
	American Funds	American Funds 2035 Tdate R2	**	11,930
	American Funds	American Funds 2040 Tdate R2	**	10,252
	American Funds	American Funds 2050 Tdate R2	**	7,402
	American Funds	American Funds Amer Balanced R2	**	72,767
	American Funds	American Funds Cap Inc BLDR R2	**	30,995
	American Funds	American Funds Cap Wld BD R2	**	17,230
	American Funds	American Funds Euro pacific R2	**	37,758
	American Funds	American Funds Fund MNTL Inv R2	**	81,548
	American Funds	American Funds Growth Fund R2	**	76,052
	American Funds	American Funds Income Fund R2	**	37,641
	American Funds	American Funds Amer Mutual R2	**	30,992
	American Funds	American Funds New Perspective R2	**	87,230
	American Funds	American Funds Small Cap Wld R2	**	5,541
	American Funds	American Funds US Government Securities R2	**	73,333
	Franklin	Franklin Gold & Precious Metal C	**	67,483
	Franklin	Franklin Income R	**	51,327
	Invesco	Inv Energy C	**	42,756
	Invesco	Invesco Money Market A5	**	345,874
	Invesco	Inv Van Kamp Equity Income A	**	70,016
	Van Kampen	Inv Van Kamp Growth Income R	**	27,227
	Van Kampen	Inv Van Kamp International Growth A	**	9,084
	Van Kampen	Inv Van Kamp Small Cap Growth A	**	26,893
	Van Kampen	Inv Van Kamp Small Cap Value A	**	51,152
	Templeton	Templeton Global Bond C	**	63,160
*	Participant Loans	Interest Rate: 5.25% - 9.5%		78,466
				$ 1,636,510

* A party-in-interest as defined by ERISA.
** Cost information is not required as these assets are participant-directed.

See accountants' report.