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 04/01/2009 and ending 03/31/2010

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
TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1982

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

4620 SOUTHERLAND
HOUSTON, TX 77092

4620 SOUTHERLAND
HOUSTON, TX 77092

2b Employer Identification Number (EIN)
74-1604281

2c Sponsor's telephone number
713-462-7617

2d Business code (see instructions)
211110

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.	01/18/2011	JACOB HOLZKNECHT
	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")
PLAN ADVISORY COMMITTEE

4620 SOUTHERLAND
HOUSTON, TX 77092

3b Administrator's EIN
76-0420765

3c Administrator's telephone number
713-462-7617

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**	219
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**	190
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	215
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	215
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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:
1A 1G 1D 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	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)	X	**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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TAM INTERNATIONAL, INC.

D Employer Identification Number (EIN)
74-1604281

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		6023489
b	Actuarial value	**2b**		6023489
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	3	804463
b	For terminated vested participants	**3b**	15	19504
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		107477
	(2) Vested benefits	**3c(2)**		5175592
	(3) Total active	**3c(3)**	201	5283069
d	Total	**3d**	219	6107036
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.58 %
6	Target normal cost	**6**		808126

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	08/25/2010
Signature of actuary	Date
ROMAN T. UMALI, JR.	08-02890
Type or print name of actuary	Most recent enrollment number
HOLZKNECHT UMALI, INC.	281-599-1103
Firm name	Telephone number (including area code)
20501 KATY FREEWAY, SUITE 214 KATY, TX 77450-1940	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	472824	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	472824	0
10	Interest on item 9 using prior year's actual return of -22.33 %	-105582	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1568813
	b Interest on (a) using prior year's effective rate of 6.09 %		95541
	c Total available at beginning of current plan year to add to prefunding balance		1664354
	d Portion of (c) to be added to prefunding balance		1664354
12	Reduction in balances due to elections or deemed elections	367242	526494
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	1137860

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2009	500000	0			
			Totals ► 18(b)	500000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	476810

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.68 %	6.54 %	6.66 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		808126
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		854985	157073
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		965199

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	488389	488389

36 Additional cash requirement (item 34 minus item 35)	**36**	476810
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	476810
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

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 04/01/2009 and ending 03/31/2010

A Name of plan
TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1604281

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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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(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

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

(complete as many entries as needed)

a	Name: GRAINGER & CO., P.C.	**b** EIN:	76-0211195
c	Position: ACCOUNTANT		
d	Address: 67 E. GREYWING CIRCLE THE WOODLANDS, TX 77382	**e** Telephone:	936-321-4796

Explanation: SINCE THE FIRM'S OWNER HAS RETIRED, THE FIRM IS NO LONGER PROVIDING AUDIT SERVICES.

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 04/01/2009 and ending 03/31/2010

A Name of plan
TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1604281

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	196187	49232
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2312058	242878
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	15684	69885
(B) All other	1c(3)(B)	1348287	4260282
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1490536	2374018
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	118115	118115
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	542622	399374
(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	6023489	7513784
	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	6023489	7513784

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)	500000	
	(B) Participants	2a(1)(B)		
	(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)		500000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	189185	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		189185
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	1254	
	(B) Common stock	2b(2)(B)	65589	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		66843
	(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)	7374	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-7374

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	990071	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		990071
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1738725
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	247384	
(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)		247384
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)	161	
(4) Other	2i(4)	885	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1046
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		248430
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1490295
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: THOMPSON DUNAVANT, PLC (2) EIN: 62-1701403

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		250000
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		118115
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			
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 04/01/2009 and ending 03/31/2010

A Name of plan
TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-1604281

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): 76-0420765

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** 8

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):

TAM INTERNATIONAL, INC.
DEFINED BENEFIT PENSION PLAN

Financial Statements
and Supplemental Schedule
For the Year Ended March 31, 2010

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Contents

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THOMPSON DUNAVANT

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Independent Auditor's Report

To the Trustee
TAM International, Inc. Defined Benefit Pension Plan
Houston, Texas

We have audited the accompanying statement of net assets available for benefits of TAM International, Inc. Defined Benefit Pension Plan as of March 31, 2010, 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. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of TAM International, Inc. Defined Benefit Pension Plan as of and for the year ended March 31, 2009 were audited by other auditors whose reported dated December 18, 2009, expressed an unqualified opinion on those statements.

We conducted our audit 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 audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of TAM International, Inc. Defined Benefit Pension Plan as of March 31, 2010, and the changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedule as of March 31, 2010 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. The supplemental schedule is the responsibility of Plan management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the 2010 financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Thompson Dunavant PLC

Memphis, Tennessee
January 17, 2011

5100 Poplar Avenue • Clark Tower 30th Floor • Memphis, TN 38137 • Ph. 901.685.5575 • fax. 901.685.5583 • www.thompsondunavant.com

a Professional Limited Liability Company

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Statements of Net Assets Available for Benefits
March 31, 2010 and 2009

	2010	2009
Assets		
Cash	$ 49,232	$ 196,187
Investments		
Corporate bonds and notes	4,192,544	1,320,493
Common stocks and options	2,374,018	1,490,536
Mutual funds	399,374	542,622
Interest bearing cash equivalents	242,878	2,312,058
Real estate	118,115	118,115
Preferred corporate debt instruments	69,885	15,684
	7,396,814	5,799,508
Accrued interest receivable	67,738	27,794
Net assets available for benefits	$ 7,513,784	$ 6,023,489

The accompanying notes are an integral part of these financial statements.

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Statements of Changes in Net Assets Available for Benefits
For the Years Ended March 31, 2010 and 2009

	2010	2009
Additions to net assets attributed to:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 982,697	$ (1,394,390)
Interest and dividends	256,028	182,017
	1,238,725	(1,212,373)
Employer contributions	500,000	2,500,000
Total additions	1,738,725	1,287,627
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	247,384	382,216
Administrative expenses	1,046	923
Total deductions	248,430	383,139
Net increase in net assets	1,490,295	904,488
Net assets available for benefits		
Beginning of year	6,023,489	5,119,001
End of year	$ 7,513,784	$ 6,023,489

The accompanying notes are an integral part of these financial statements.

Note 1 - Description of Plan

The following description of TAM International, Inc. Defined Benefit Pension Plan provides only general information. Readers should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

TAM International, Inc. Defined Benefit Pension Plan (the "Plan") is a non-contributory defined benefit pension plan covering all full time employees of TAM International, Inc., TAM International Asia Pacific, TAM International Oil Services, LTD (Canada), and TAM International North Sea, LTD (United Kingdom), (collectively the "Company") who have attained the age of eighteen (18) and completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Contributions by the Company are based upon actuarial computations.

Pension benefits

Participants become vested in their accrued benefits after six years of credited service or upon early (age 60 with eleven years of service) or normal retirement age (age 65 and five years of participation). Distributions are paid in the form of monthly annuity payments as defined in the Plan Agreement. If a participant's accrued benefit is less than $120,000 the participant may elect to receive a single lump sum payment. If the present value of the vested benefit is less than $5,000, then the benefit will automatically be paid in a single lump sum payment. Pension benefits are based upon certain factors and years of service which vary based upon average monthly compensation, profit sharing account balance at retirement, and benefit service. The Plan permits reduced benefits for certain participants electing early retirement as defined in the Plan Agreement.

Death and disability benefits

If an active, disabled, or terminated vested participant dies, the participant's surviving beneficiary is entitled to a death benefit as defined in the Plan Agreement. Active participants who become totally and permanently disabled are entitled to receive monthly disability benefits as defined in the Plan Agreement.

Plan termination

Although it has not expressed any intent to do so, the Company has the right to modify or terminate the Plan at any time subject to the provisions of ERISA and the Plan Agreement. In the event of termination, the Plan provides that all affected participants' interest will become fully vested and nonforfeitable.

Note 2 - Summary of significant accounting policies

Codification of accounting standards

The Financial Accounting Standards Board (FASB) issued the *FASB Accounting Standards Codification* (ASC) effective for financial statements issued for interim and annual periods ending after September 15, 2009. The ASC is an aggregation of previously issued authoritative U.S. generally accepted accounting principles (GAAP) in one comprehensive set of guidance organized by subject area. In accordance with the ASC, references to previously issued accounting standards have been replaced by ASC references. Subsequent revisions to GAAP will be incorporated into the ASC through *Accounting Standards Updates* (ASU).

Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See note 6 for discussion of fair value measurements.

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

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. The accumulated plan benefits are based upon an employee's highest five consecutive years of compensation within the last ten years of employment. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date for which the benefit information is presented. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent enrolled actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

Note 2 - Summary of significant accounting policies (continued)

Benefit payments

Benefit payments to participants and beneficiaries are recorded upon distribution.

Events occurring after reporting date

Management has evaluated events and transactions that have occurred between March 31, 2010 and January 17, 2011, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions which affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Note 3 - Funding policy

The Company's funding policy is to make contributions to the Plan in the amounts that are estimated to fully provide all accrued benefits by the time each participant retires and to meet the minimum funding requirements of ERISA. The Company's contributions are to be made in cash no later than the earlier of the date permitted by law for meeting the minimum funding standards or the date for making tax deductible contributions. Based upon actuarial valuations, there were no minimum contributions required by the Company for the plan years ended March 31, 2010 or 2009. Actual contributions by the Company totaled $500,000 for the year ended March 31, 2010 and $2,500,000 for the year ended March 31, 2009.

Although it has not expressed the intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and the Plan Agreement. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2010 that ceiling was $4,500 per month for a straight life annuity payment option.

Note 4 - Actuarial present value of accumulated plan benefits

Consulting actuaries evaluated the Plan as of April 1, 2010, and estimated the present value of accumulated benefits, and changes in those accumulated benefits, to be as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants and beneficiaries currently receiving payments	$ 1,057,256
Other participants	4,988,038
	6,045,294
Non-vested benefits	475,430
Total actuarial present value of accumulated plan benefits	$ 6,520,724

Changes in the present value of accumulated plan benefits:

Actuarial present value of accumulated plan benefits at April 1, 2009	$ 6,152,113
Additional benefits accumulated	246,868
Increase for interest due to decrease in discount period	369,127
Benefits paid during the year	(247,384)
Actuarial present value of accumulated plan benefits at April 1, 2010	$ 6,520,724

The more significant methods and assumptions used by the actuaries in their valuation are as follows:

Actuarial Value of Plan Assets - Market value
Interest rates - 5.03%, 6.52% & 6.61%
Normal retirement age - Age 65
Early retirement age - Age 60 and 11 years of service
Basis of accumulated plan benefits - credited years of service, benefit formula
Mortality rates - Pre and post retirement 2010 funding target
Salary increase - 5.5% per annum

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 5 - Investments

The fair value of the individual investments which represent five percent (5%) or more of the Plan's net assets available for benefits as of March 31, 2010 and 2009:

	2010	2009
General Electric Capital Corporation note, 6.875%	$ 415,060	$ -
Harris County, Texas bond, 5.375%	-	306,755

During the year ended March 31, 2010, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Corporate bonds and notes	$ 93,950
Common stocks and options	748,089
Mutual funds	135,367
Preferred corporate debt instruments	5,291
	$ 982,697

Note 6 - Fair value measurements

ASC 820, *Fair Value Measurements and Disclosures*, provides a common definition of fair value and establishes the framework for measuring fair value. ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also established a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value, and describes three levels of inputs that may be used to measure fair value.

Level 1: Quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect management's own assumptions about the assumptions that market participants would use in pricing an asset.

Note 6 - Fair value measurements (continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2010 and 2009.

Corporate bonds and notes: Valued at quoted market prices or valuations provided by commercial pricing services or the mean of the bid and ask prices provided by investment brokers.

Common stocks and options: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at quoted market prices based upon the net asset value of shares held by the Plan at year end.

Interest bearing cash and cash equivalents: Valued at cost, which approximates fair value.

Real estate: Valued at cost, which approximates fair value, as determined by the trustee.

Preferred corporate debt instruments: Valued at closing price reported on the active market on which the individual securities are traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2010 and 2009.

	Assets at Fair Value at March 31, 2010			
	Level 1	Level 2	Level 3	Total
Corporate bonds and notes	$ -	$ 4,192,544	$ -	$ 4,192,544
Common stocks and options	2,374,018	-	-	2,374,018
Mutual funds	399,374	-	-	399,374
Interest bearing cash and cash equivalents	242,878	-	-	242,878
Real estate	-	-	118,115	118,115
Preferred corporate debt instruments	-	69,885	-	69,885
Total	$ 3,016,270	$ 4,262,429	$ 118,115	$ 7,396,814

Note 6 - Fair value measurements (continued)

	Assets at Fair Value at March 31, 2009			
	Level 1	Level 2	Level 3	Total
Corporate bonds and notes	$ -	$ 1,320,493	$ -	$ 1,320,493
Common stocks and options	1,490,536	-	-	1,490,536
Interest bearing cash and cash equivalents	2,312,058	-	-	2,312,058
Mutual funds	542,622	-	-	542,622
Real estate	-	-	118,115	118,115
Preferred corporate debt instruments	-	15,684	-	15,684
Total	$ 4,345,216	$ 1,336,177	$ 118,115	$ 5,799,508

There have been no changes in the Plan's assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the years ended March 31, 2010 and 2009.

Note 7 - Related party transactions

The Company provides the Plan with certain management and administrative services for which no fees are charged.

Note 8 - Tax status

The Plan has received a determination letter from the Internal Revenue Service, dated January 13, 2005, stating that the Plan qualifies under the applicable sections of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. The Plan, which has been amended since receiving the determination letter, is required to operate in conformity with the IRC to maintain its qualification. Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

Note 9 - Risks and uncertainties

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

Note 9 - Risks and uncertainties (continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based upon certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SUPPLEMENTAL SCHEDULE

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 74-1604281 / Plan Number: 001
March 31, 2010

(a)	(b)(c) Identity of Issue/Description	Shares or Principal Amount	(d) Cost	(e) Current Value
	Corporate bonds and notes			
	General Electric Capital Corp. Notes 6.875% 11/15/2010	400,000	$ 426,365	$ 415,060
	J.P. Morgan Chase & Co. 6.750% 2/1/2011	250,000	266,550	262,108
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	General Electric Capital Corp. Mid Term Notes 5.200% 2/1/2011	100,000	105,009	103,689
	Waste Management, Inc. 7.375% 8/1/2010	100,000	105,563	102,075
	Bear Stearns Company Inc. 5.850% 7/19/2010	100,000	103,005	101,443
	American International Group, Inc. 4.700% 10/1/2010	100,000	101,845	100,976
	Bear Stearns Companies, Inc. 4.550% 6/23/2010	100,000	99,505	100,793
	GMAC Smartnotes adj. rate 2/15/2012	70,000	70,000	65,100
	Wells Fargo & Co. 6.375% 8/1/2011	50,000	54,025	52,897
	Morgan Stanley Dean Witter & Co. 6.750% 4/15/2011	50,000	52,109	52,783
	Viacom, Inc. 6.625% 5/15/2011	50,000	53,192	52,508
	Citigroup, Inc. Notes 6.500% 1/18/2011	50,000	52,758	51,980
	J.P. Morgan Chase & Co. 4.600% 1/17/2011	50,000	52,069	51,580
	Merrill Lynch & Co., Inc. 4.500% 11/4/2010	50,000	51,405	50,978
	Merrill Lynch & Co., Inc. 4.790% 8/4/2010	50,000	49,736	50,642
	Time Warner Companies, Inc. Senior notes 9.125% 1/15/2013	40,000	46,955	46,731
	HSBC Financial Corp. Internotes 5.050% 1/15/2013	40,000	41,800	41,283
	Time Warner, Inc. 5.500% 11/15/2011	30,000	32,179	31,838
	Federal Home Loan Mortgage Corporation MTN Callable 4.750% 8/9/2010	30,000	30,744	30,469
	Merrill Lynch & Co., Inc. Mid Term Notes 6.050% 8/15/2012	25,000	25,258	26,700
	GMAC LLC DEBS B/E 6.000% 4/1/2011	20,000	18,255	19,955
	Lehman Brothers Holdings, Inc. (Defaulted) 0% 11/1/2014	75,000	72,755	15,000
	Lehman Brothers Holdings, Inc. (Defaulted) 3.600% 3/13/2009	50,000	49,112	11,625
			4,325,118	4,192,544
	Common stocks and options			
	Loews Corp.	5,000	41,988	186,400
	Wal-Mart Stores, Inc.	2,400	11,850	133,440
	General Electric Co.	4,800	38,939	87,360
	Philip Morris International, Inc.	1,382	21,145	72,085
	Royal Dutch Shell, PLC Class A	1,200	23,291	69,432
	Waste Management, Inc.	2,000	53,375	68,860
	Occidental Petroleum Corp.	800	10,250	67,632
	Exxon Mobil Corp.	1,000	9,875	66,980
	McDonald's Corp.	1,000	18,647	66,720
	Microsoft Corp.	1,800	41,110	52,717
	Baker Hughes, Inc.	1,100	29,839	51,524
	BJ Services Company	2,400	14,781	51,360
	Schlumberger Limited	800	10,536	50,768
	JP Morgan Chase & Co.	1,124	30,969	50,299
	Kraft Foods, Inc. Class A	1,600	27,185	48,384
	Halliburton Co.	1,600	19,771	48,208

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 74-1604281 / Plan Number: 001
March 31, 2010

(a)	(b)(c) Identity of Issue/Description	Shares or Principal Amount	(d) Cost	(e) Current Value
	Apple, Inc.	200	$ 1,540	$ 47,000
	Noble Corp.	1,100	20,958	46,002
	Johnson & Johnson Company	700	42,001	45,640
	Time Warner, Inc.	1,366	45,514	42,715
	British American Tobacco, PLC GB	601	8,517	41,409
	H.J. Heinz Co.	900	13,043	41,049
	Berkshire Hathaway, Inc. New Class B	500	13,813	40,635
	Bristol Myers Squibb Co.	1,500	51,417	40,050
	Imperial Tobacco Group, PLC	600	9,125	36,587
	Altria Group, Inc.	1,782	15,481	36,567
	Medtronic, Inc.	800	27,703	36,024
	Pfizer, Inc.	2,000	44,096	34,300
	BP, PLC	600	8,890	34,242
	UnitedHealth Group, Inc.	1,000	30,769	32,670
	Weatherford International Limited	2,000	19,904	31,720
	AT&T, Inc.	1,000	34,759	25,840
	Kimberly Clark Corp.	400	19,735	25,152
	Spectra Energy Corp.	1,100	17,417	24,783
	Raytheon Co.	400	13,130	22,848
	Allstate Corp.	700	12,792	22,617
	Intel Corp.	1,000	17,757	22,290
	AXA ADR	1,000	21,937	22,286
	Abbott Laboratories	400	14,788	21,072
	Cisco Systems, Inc.	800	17,469	20,824
	Zurich Financial Services ADR	800	19,039	20,544
	CSX Corp.	400	12,133	20,360
	Legg Mason, Inc.	700	28,002	20,069
	Merck & Co, Inc.	500	18,030	18,675
	The Travelers Companies, Inc.	318	9,808	17,153
	Smith International, Inc.	400	1,937	17,128
	3M Co.	200	11,741	16,714
	Time Warner Cable, Inc.	292	14,570	15,567
	Verizon Communications, Inc.	488	16,754	15,138
	Bank of America Corp.	800	33,651	14,280
	McGraw Hill Companies, Inc.	400	10,325	14,260
	CNA Financial Corp.	488	17,763	13,039
	American Express Company	300	2,212	12,378
	Novell, Inc.	2,000	14,033	12,000
	Duke Energy Holding Corp.	700	8,732	11,424
	ConocoPhillips	216	5,498	11,053
	Coca Cola Co.	200	8,783	11,000
	Man Group, PLC	3,000	12,049	10,989
	Boston Scientific Corp.	1,500	23,593	10,830
	Adobe Systems, Inc.	276	8,974	9,762
	Citigroup, Inc.	2,300	12,240	9,315
	National Oilwell Varco, Inc.	224	4,107	9,090
	Micron Technology, Inc.	800	8,535	8,296
	Du Pont De Nemours	200	8,726	7,448
	El Paso Energy Capital Trust I Preferred Shares	200	6,555	7,424
	FelCor Lodging Trust, Inc.	400	10,179	7,240
	Devon Energy Corp.	100	7,383	6,443
	Vale S.A. American Depositary	200	2,111	6,438
	Valero Energy Corp.	300	5,422	5,910
	Marsh & McLennan Companies, Inc.	200	6,344	4,884
	Alcatel-Lucent	1,500	26,774	4,680
	Wells Fargo & Co.	139	24,902	4,326

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 74-1604281 / Plan Number: 001
March 31, 2010

(a)	(b)(c) Identity of Issue/Description	Shares or Principal Amount	(d) Cost	(e) Current Value
	Weingarten Realty Investors	200	$ 6,563	$ 4,312
	Sara Lee Corp.	300	3,795	4,179
	The DIRECTV Group Class A	123	512	4,159
	Telstra Corporation Limited	300	4,428	4,117
	Eastman Kodak Co.	500	28,297	2,895
	RealNetworks, Inc.	500	2,969	2,415
	Liberty Media Corp. Interactive	157	824	2,402
	Motorola, Inc.	300	3,721	2,106
	IAC InterActiveCorp.	50	1,249	1,139
	Liberty Media Capital Corp.	31	106	1,127
	Discovery Communications, Inc. Class A	31	124	1,047
	Discovery Communications, Inc. Series C	31	112	912
	Royal Bk Scotland Group ORD	1,230	3,534	820
	Liberty Media Corp. Starz Series A	12	80	656
	Live Nation Entertainment, Inc.	29	692	421
	Unisys Corp.	10	1,068	349
	Interval Leisure Group, Inc.	20	460	291
	Fannie Mae	200	10,787	210
	Motors Liquidation Co.	200	6,946	114
			1,403,279	2,374,018
	Mutual funds			
	American Funds Small Cap World Fund Class A	2,623	76,169	88,358
	First Eagle Global Fund Class A	2,024	62,772	84,353
	Templeton Developing Markets A Fund	2,660	45,903	60,180
	Alpine Global Premier Properties Fund	4,464	18,631	29,328
	Latin America Equity Fund, Inc.	703	5,758	28,169
	Franklin Small-Mid Cap Growth Fund Class A	778	20,435	24,260
*	UBS AG PPN Fund	2,000	17,875	19,680
	Calamos Market Neutral Income Fund Class C	1,272	15,005	15,153
	J.P. Morgan Highbridge Stat Market Neutral Fund C	966	15,005	15,048
	American Funds Capital World Bond Fund Class A	681	13,135	13,710
	Pimco Commodity Real Return Strategy Fund Class C	1,525	17,674	11,572
	Macquarie/First Trust Global Infrastructure/Utilities Dividend & Income Fund	505	6,300	6,408
	Allianz RCM Technology Fund Class A	84	11,241	3,144
	Templeton Global Income Fund	1	8	10
			325,910	399,374
	Interest bearing cash and cash equivalents			
	Preferred Bank California Certificate of Deposit	100,000	100,000	100,810
	Ally Bank Midvale Utah Certificate of Deposit	58,000	57,884	58,061
*	UBS Retirement Money Fund	53,210	53,210	53,210
	Barclays Bank Delaware Certificate of Deposit	20,000	20,065	20,178
	Huntington National Bank Ohio Certificate of Deposit	9,000	9,045	9,045
	Tam N Sea Investments Cash Account	1,574	1,574	1,574
			241,778	242,878
	Real estate		118,115	118,115
	Preferred corporate debt instruments			
	Scot & STHN Engery ORD	1,000	1	16,710
	WEIR Group ORD	11	12,765	15,171
	Vodafone Group PLC ORD	57	12,751	13,097

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 74-1604281 / Plan Number: 001
March 31, 2010

(a)	(b)(c) Identity of Issue/Description	Shares or Principal Amount	(d) Cost	Current (e) Value
	Inmarsat ORD	11	$ 12,759	$ 12,721
	Glaxosmithkline ORD	640	12,743	12,186
			51,019	69,885
			$ 6,465,219	$ 7,396,814

* Represents a party-in-interest

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

TAM INTERNATIONAL, INC.

D Employer Identification Number (EIN)

74-1604281

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 4 Day 1 Year 2009

2 Assets:

a	Market value	**2a**	6,023,489
b	Actuarial value	**2b**	6,023,489

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	3	804,463
b	For terminated vested participants	**3b**	15	19,504
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		107,477
	(2) Vested benefits	**3c(2)**		5,175,592
	(3) Total active	**3c(3)**	201	5,283,069
d	Total	**3d**	219	6,107,036

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	
5	Effective interest rate	**5**	6.58 %
6	Target normal cost	**6**	808,126

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Roman T Umali Jr

Signature of actuary

08/25/2010

Date

Roman T. Umali, Jr.

Type or print name of actuary

08-02890

Most recent enrollment number

Holzknecht Umali, Inc.

Firm name

(281)599-1103

Telephone number (including area code)

20501 Katy Freeway, Suite 214

Katy TX 77450-1940

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

TAM INTERNATIONAL, INC.
DEFINED BENEFIT PENSION PLAN

Summary of Principal Plan Provisions

Effective Date	April 1, 1982. Amended effective April 1, 2001.
Monthly Pension	.85% of Average Monthly Compensation times Years of Service plus .65% of the excess of Average Monthly Compensation over one-twelfth of the current year Covered Compensation for each Year of Service not in excess of 35 years. This benefit is then reduced by the actuarial equivalent of the profit sharing account balance in the TAM International, Inc. 401(k) Profit Sharing Plan.
Salary Averaging	Average high 60 consecutive months of Last 120 months prior to Normal Retirement Date.
Normal Form of Benefit	Life only.
Accrual Method	Fractional rule based on service. The accrued benefit calculated as of March 31, 2001 is a minimum benefit.
Eligibility Requirements	Minimum months of service: 12 Minimum age: 18 Eligibility date is the earliest of the first day of the Plan Year or the first day of the seventh month next following completion of eligibility requirements.
Normal Retirement Date	First day of month coincident with or next following the later of age 65 or 5 years of participation.
Early Retirement Eligibility	Attainment of age 60 and 11 years of service.
Pre-retirement Death Benefit	The present value of Accrued Benefit at the date of death.
Vesting Schedule	

Yr.	%
<2	0
2	20
3	40
4	60
5	80
6	100

TAM INTERNATIONAL, INC
DEFINED BENEFIT PENSION PLAN

Summary of Actuarial Plan Assumptions

Funding Method	NA
Interest Rate	
Segment 1	5.03%
Segment 2	6.52%
Segment 3	6.61%
Mortality Rate	Pre Retirement: 2010 Funding Target
	Post Retirement: 2010 Funding Target
Salary Increase	5.5% per annum.
Covered Compensation Increase	3.00% per annum.
Turnover	Annual rates as illustrated below (T - 4):

Age	Rate
25	5.29%
30	5.07%
40	4.19%
50	2.48%
55	0.94%

Present Value of Accrued Benefit	
Interest rate:	
Segment 1	3.26%
Segment 2	5.24%
Segment 3	5.76%
Mortality:	
	Pre Retirement: Applicable Mortality Table
	Post Retirement: Applicable Mortality Table
Marital Status Assumed	Percentage married Males & Females - 100%
Provision for Expenses	None
Currency Exchange	Compensation for the current year is converted to U.S. currency based on the exchange rate as of the valuation date. Such converted compensation is retained for future valuation purposes.

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 74-1604281 / Plan Number: 001
March 31, 2010

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	American International Group, Inc. 4.700% 10/1/2010	100,000	101,845	100,976
	Bear Stearns Companies, Inc. 4.550% 6/23/2010	100,000	99,505	100,793
	GMAC Smartnotes adj. rate 2/15/2012	70,000	70,000	65,100
	Wells Fargo & Co. 6.375% 8/1/2011	50,000	54,025	52,897
	Morgan Stanley Dean Witter & Co. 6.750% 4/15/2011	50,000	52,109	52,783
	Viacom, Inc. 6.625% 5/15/2011	50,000	53,192	52,508
	Citigroup, Inc. Notes 6.500% 1/18/2011	50,000	52,758	51,980
	J.P. Morgan Chase & Co. 4.600% 1/17/2011	50,000	52,069	51,580
	Merrill Lynch & Co., Inc. 4.500% 11/4/2010	50,000	51,405	50,978
	Merrill Lynch & Co., Inc. 4.790% 8/4/2010	50,000	49,736	50,642
	Time Warner Companies, Inc. Senior notes 9.125% 1/15/2013	40,000	46,955	46,731
	HSBC Financial Corp. Internotes 5.050% 1/15/2013	40,000	41,800	41,283
	Time Warner, Inc. 5.500% 11/15/2011	30,000	32,179	31,838
	Federal Home Loan Mortgage Corporation MTN Callable 4.750% 8/9/2010	30,000	30,744	30,469
	Merrill Lynch & Co., Inc. Mid Term Notes 6.050% 8/15/2012	25,000	25,258	26,700
	GMAC LLC DEBS B/E 6.000% 4/1/2011	20,000	18,255	19,955
	Lehman Brothers Holdings, Inc. (Defaulted) 0% 11/1/2014	75,000	72,755	15,000
	Lehman Brothers Holdings, Inc. (Defaulted) 3.600% 3/13/2009	50,000	49,112	11,625
			4,325,118	4,192,544
	Common stocks and options			
	Loews Corp.	5,000	41,988	186,400
	Wal-Mart Stores, Inc.	2,400	11,850	133,440
	General Electric Co.	4,800	38,939	87,360
	Philip Morris International, Inc.	1,382	21,145	72,085
	Royal Dutch Shell, PLC Class A	1,200	23,291	69,432
	Waste Management, Inc.	2,000	53,375	68,860
	Occidental Petroleum Corp.	800	10,250	67,632
	Exxon Mobil Corp.	1,000	9,875	66,980
	McDonald's Corp.	1,000	18,647	66,720
	Microsoft Corp.	1,800	41,110	52,717
	Baker Hughes, Inc.	1,100	29,839	51,524
	BJ Services Company	2,400	14,781	51,360
	Schlumberger Limited	800	10,536	50,768
	JP Morgan Chase & Co.	1,124	30,969	50,299
	Kraft Foods, Inc. Class A	1,600	27,185	48,384
	Halliburton Co.	1,600	19,771	48,208
(a)	(b)(c) Identity of Issue/Description	Shares or Principal Amount	(d) Cost	(e) Current Value
	Apple, Inc.	200	$ 1,540	$ 47,000

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 74-1604281 / Plan Number: 001
March 31, 2010

	Noble Corp.	1,100	20,958	46,002
	Johnson & Johnson Company	700	42,001	45,640
	Time Warner, Inc.	1,366	45,514	42,715
	British American Tobacco, PLC GB	601	8,517	41,409
	H.J. Heinz Co.	900	13,043	41,049
	Berkshire Hathaway, Inc. New Class B	500	13,813	40,635
	Bristol Myers Squibb Co.	1,500	51,417	40,050
	Imperial Tobacco Group, PLC	600	9,125	36,587
	Altria Group, Inc.	1,782	15,481	36,567
	Medtronic, Inc.	800	27,703	36,024
	Pfizer, Inc.	2,000	44,096	34,300
	BP, PLC	600	8,890	34,242
	UnitedHealth Group, Inc.	1,000	30,769	32,670
	Weatherford International Limited	2,000	19,904	31,720
	AT&T, Inc.	1,000	34,759	25,840
	Kimberly Clark Corp.	400	19,735	25,152
	Spectra Energy Corp.	1,100	17,417	24,783
	Raytheon Co.	400	13,130	22,848
	Allstate Corp.	700	12,792	22,617
	Intel Corp.	1,000	17,757	22,290
	AXA ADR	1,000	21,937	22,286
	Abbott Laboratories	400	14,788	21,072
	Cisco Systems, Inc.	800	17,469	20,824
	Zurich Financial Services ADR	800	19,039	20,544
	CSX Corp.	400	12,133	20,360
	Legg Mason, Inc.	700	28,002	20,069
	Merck & Co, Inc.	500	18,030	18,675
	The Travelers Companies, Inc.	318	9,808	17,153
	Smith International, Inc.	400	1,937	17,128
	3M Co.	200	11,741	16,714
	Time Warner Cable, Inc.	292	14,570	15,567
	Verizon Communications, Inc.	488	16,754	15,138
	Bank of America Corp.	800	33,651	14,280
	McGraw Hill Companies, Inc.	400	10,325	14,260
	CNA Financial Corp.	488	17,763	13,039
	American Express Company	300	2,212	12,378
	Novell, Inc.	2,000	14,033	12,000
	Duke Energy Holding Corp.	700	8,732	11,424
	ConocoPhillips	216	5,498	11,053
	Coca Cola Co.	200	8,783	11,000
	Man Group, PLC	3,000	12,049	10,989
	Boston Scientific Corp.	1,500	23,593	10,830
	Adobe Systems, Inc.	276	8,974	9,762
	Citigroup, Inc.	2,300	12,240	9,315
	National Oilwell Varco, Inc.	224	4,107	9,090
	Micron Technology, Inc.	800	8,535	8,296
	Du Pont De Nemours	200	8,726	7,448
	El Paso Energy Capital Trust I Preferred Shares	200	6,555	7,424
	FelCor Lodging Trust, Inc.	400	10,179	7,240
	Devon Energy Corp.	100	7,383	6,443
	Vale S.A. American Depositary	200	2,111	6,438
	Valero Energy Corp.	300	5,422	5,910
	Marsh & McLennan Companies, Inc.	200	6,344	4,884
	Alcatel-Lucent	1,500	26,774	4,680
	Wells Fargo & Co.	139	24,902	4,326

(a)	(b)(c) Identity of Issue/Description	Shares or Principal Amount	(d) Cost	(e) Current Value
	Weingarten Realty Investors	200	$ 6,563	$ 4,312
	Sara Lee Corp.	300	3,795	4,179
	The DIRECTV Group Class A	123	512	4,159
	Telstra Corporation Limited	300	4,428	4,117
	Eastman Kodak Co.	500	28,297	2,895

TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 74-1604281 / Plan Number: 001
March 31, 2010

	RealNetworks, Inc.	500	2,969	2,415
	Liberty Media Corp. Interactive	157	824	2,402
	Motorola, Inc.	300	3,721	2,106
	IAC InterActiveCorp.	50	1,249	1,139
	Liberty Media Capital Corp.	31	106	1,127
	Discovery Communications, Inc. Class A	31	124	1,047
	Discovery Communications, Inc. Series C	31	112	912
	Royal Bk Scotland Group ORD	1,230	3,534	820
	Liberty Media Corp. Starz Series A	12	80	656
	Live Nation Entertainment, Inc.	29	692	421
	Unisys Corp.	10	1,068	349
	Interval Leisure Group, Inc.	20	460	291
	Fannie Mae	200	10,787	210
	Motors Liquidation Co.	200	6,946	114
			1,403,279	2,374,018
	Mutual funds			
	American Funds Small Cap World Fund Class A	2,623	76,169	88,358
	First Eagle Global Fund Class A	2,024	62,772	84,353
	Templeton Developing Markets A Fund	2,660	45,903	60,180
	Alpine Global Premier Properties Fund	4,464	18,631	29,328
	Latin America Equity Fund, Inc.	703	5,758	28,169
	Franklin Small-Mid Cap Growth Fund Class A	778	20,435	24,260
*	UBS AG PPN Fund	2,000	17,875	19,680
	Calamos Market Neutral Income Fund Class C	1,272	15,005	15,153
	J.P. Morgan Highbridge Stat Market Neutral Fund C	966	15,005	15,048
	American Funds Capital World Bond Fund Class A	681	13,135	13,710
	Pimco Commodity Real Return Strategy Fund Class C	1,525	17,674	11,572
	Macquarie/First Trust Global Infrastructure/Utilities Dividend & Income Fund	505	6,300	6,408
	Allianz RCM Technology Fund Class A	84	11,241	3,144
	Templeton Global Income Fund	1	8	10
			325,910	399,374
	Interest bearing cash and cash equivalents			
	Preferred Bank California Certificate of Deposit	100,000	100,000	100,810
	Ally Bank Midvale Utah Certificate of Deposit	58,000	57,884	58,061
*	UBS Retirement Money Fund	53,210	53,210	53,210
	Barclays Bank Delaware Certificate of Deposit	20,000	20,065	20,178
	Huntington National Bank Ohio Certificate of Deposit	9,000	9,045	9,045
	Tam N Sea Investments Cash Account	1,574	1,574	1,574
			241,778	242,878
	Real estate		118,115	118,115
	Preferred corporate debt instruments			
	Scot & STHN Engery ORD	1,000	1	16,710
	WEIR Group ORD	11	12,765	15,171
	Vodafone Group PLC ORD	57	12,751	13,097
	Inmarsat ORD	11	12,759	12,721
	Glaxosmithkline ORD	640	12,743	12,186
			51,019	69,885
			$ 6,465,219	$ 7,396,814

(a)	(b)(c) Identity of Issue/Description	Shares or Principal Amount	(d) Cost	(e) Current Value

* Represents a party-in-interest

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 04/01/2009 and ending 03/31/2010

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 TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1982

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

4620 SOUTHERLAND

HOUSTON TX 77092

4620 SOUTHERLAND

HOUSTON TX 77092

2b Employer Identification Number (EIN) 74-1604281

2c Sponsor's telephone number (713) 462-7617

2d Business code (see instructions) 211110

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	L.B. Sanford	1-18-11	L.B. SANFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	L.B. Sanford	1-18-11	L.B. SANFORD
	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

Attachment to 2009 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN **EIN:** 74-1604281
Plan Sponsor's Name TAM INTERNATIONAL, INC. **PN:** 001

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
12/28/2009	500,000	2009	6.58	476,810

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN **EIN:** 74-1604281
Plan Sponsor's Name TAM INTERNATIONAL, INC. **PN:** 001

The weighted average retirement age is equal to the normal retirement age of 65 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
Retirement rate before age 65: 0% Retirement rate at age 65: 100%

Attachment to 2009 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN **EIN:** 74-1604281
Plan Sponsor's Name TAM INTERNATIONAL, INC. **PN:** 001

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1			1 to 4			5 to 9		
		Average			Average			Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25				9					
25 to 29				21			2		
30 to 34				11			6		
35 to 39				18			8		
40 to 44				8			3		
45 to 49				13			6		
50 to 54				17			8		
55 to 59				5			6		
60 to 64				4			2		
65 to 69				1			1		
70 & up									

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14			15 to 19			20 to 24		
		Average			Average			Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25									
25 to 29									
30 to 34									
35 to 39	3			1					
40 to 44	4			3					
45 to 49	4			7			3		
50 to 54	2			4			2		
55 to 59	1			2			3		
60 to 64	2			3			0		
65 to 69	1						1		
70 & up									

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29			30 to 34			35 to 39			40 & up		
		Average			Average			Average			Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25												
25 to 29												
30 to 34												
35 to 39												
40 to 44												
45 to 49	1											
50 to 54	1			1								
55 to 59	1			1								
60 to 64												
65 to 69							1					
70 & up												

Attachment to 2009 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name TAM INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN **EIN:** 74-1604281
Plan Sponsor's Name TAM INTERNATIONAL, INC. **PN:** 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	551,164	04/01/2008	6	105,604
Shortfall	303,819	04/01/2009	7	51,469