

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan TELENETWORK PARTNERS, LTD. DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/2002	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TELENETWORK PARTNERS, LTD. POST OFFICE BOX 2479 SAN MARCOS, TX 78667	2b Employer Identification Number (EIN) 74-2908123	2c Sponsor's telephone number 512-558-7510	2d Business code (see instructions) 541519

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.	07/20/2011	ANTHONY HERRERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2011	ANTHONY HERRERA
	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") TELENETWORK PARTNERS, LTD. POST OFFICE BOX 2479 SAN MARCOS, TX 78667	3b Administrator's EIN 74-2908123 3c Administrator's telephone number 512-558-7510
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	363
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	292
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	111
d Subtotal. Add lines 6a , 6b , and 6c	6d	403
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	403
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	43

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 1I 3D 3E

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TELENETWORK PARTNERS, LTD. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. TELENETWORK PARTNERS, LTD.	D Employer Identification Number (EIN) 74-2908123	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ING USA ANNUITY AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0991508	80942	I025850-OY	1	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
593	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LPL
FOR THE BENEFIT OF JACQUE BARTON
POST OFFICE BOX 509026
SAN DIEGO, CA 92150-9026

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
593			7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	51226

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TELENETWORK PARTNERS, LTD. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. TELENETWORK PARTNERS, LTD.		
D Employer Identification Number (EIN) 74-2908123		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL ANNUITIES DISTRIBUTORS, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	E0561306	1	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
766	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JACQUE M. BARTON, LPL FINANCIAL 2499 SOUTH WILLIS STREET, SUITE 201 ABILENE, TX 79605-6200

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
766			7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	52434

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

▶ **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 <u>TELENETWORK PARTNERS, LTD. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TELENETWORK PARTNERS, LTD.</u>	D Employer Identification Number (EIN) <u>74-2908123</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information																								
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>																								
2	Assets: <table><tr><td>a Market value</td><td>2a</td><td><u>2751615</u></td></tr><tr><td>b Actuarial value</td><td>2b</td><td><u>2751615</u></td></tr></table>	a Market value	2a	<u>2751615</u>	b Actuarial value	2b	<u>2751615</u>																		
a Market value	2a	<u>2751615</u>																							
b Actuarial value	2b	<u>2751615</u>																							
3	Funding target/participant count breakdown <table><tr><td></td><td>(1) Number of participants</td><td>(2) Funding Target</td></tr><tr><td>a For retired participants and beneficiaries receiving payment</td><td>3a</td><td><u>0</u></td></tr><tr><td>b For terminated vested participants</td><td>3b</td><td><u>208657</u></td></tr><tr><td>c For active participants:</td><td></td><td></td></tr><tr><td> (1) Non-vested benefits</td><td>3c(1)</td><td><u>129796</u></td></tr><tr><td> (2) Vested benefits</td><td>3c(2)</td><td><u>1979568</u></td></tr><tr><td> (3) Total active</td><td>3c(3)</td><td><u>2109364</u></td></tr><tr><td>d Total</td><td>3d</td><td><u>2318021</u></td></tr></table>		(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment	3a	<u>0</u>	b For terminated vested participants	3b	<u>208657</u>	c For active participants:			(1) Non-vested benefits	3c(1)	<u>129796</u>	(2) Vested benefits	3c(2)	<u>1979568</u>	(3) Total active	3c(3)	<u>2109364</u>	d Total	3d	<u>2318021</u>
	(1) Number of participants	(2) Funding Target																							
a For retired participants and beneficiaries receiving payment	3a	<u>0</u>																							
b For terminated vested participants	3b	<u>208657</u>																							
c For active participants:																									
(1) Non-vested benefits	3c(1)	<u>129796</u>																							
(2) Vested benefits	3c(2)	<u>1979568</u>																							
(3) Total active	3c(3)	<u>2109364</u>																							
d Total	3d	<u>2318021</u>																							
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐ <table><tr><td>a Funding target disregarding prescribed at-risk assumptions</td><td>4a</td><td></td></tr><tr><td>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</td><td>4b</td><td></td></tr></table>	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																			
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	<u>7.83</u> %																						
6	Target normal cost	6	<u>555237</u>																						

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	<u>10/06/2010</u>
Signature of actuary <u>CHRISTOPHER S. JOHNSON, F.S.A.</u>	Date <u>08-07100</u>
Type or print name of actuary <u>RUDD AND WISDOM, INC</u>	Most recent enrollment number <u>512-346-1590</u>
Firm name <u>9500 ARBORETUM BLVD., SUITE 200</u> <u>AUSTIN, TX 78759-4209</u>	Telephone number (including area code)
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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	274886	
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).....	274886	0
10	Interest on item 9 using prior year's actual return of <u>-8.17</u> %	-22458	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		264614
b	Interest on (a) using prior year's effective rate of <u>6.34</u> %		16777
c	Total available at beginning of current plan year to add to prefunding balance		281391
d	Portion of (c) to be added to prefunding balance.....		181166
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	252428	181166

Part III Funding percentages			
14	Funding target attainment percentage.....	14	100.00 %
15	Adjusted funding target attainment percentage.....	15	118.70 %
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	119.97 %
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
Totals ►			18(b)	0	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	777795
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ 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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 64
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	555237
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	555237
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	555237
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	777795
38 Interest-adjusted excess contributions for current year (see instructions).....	38	222558
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

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

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

<div>A</div> <div>Name of plan</div> <div>TELENETWORK PARTNERS, LTD. DEFINED BENEFIT PENSION PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>TELENETWORK PARTNERS, LTD.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>74-2908123</div>

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

(b)

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

(b)

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

(b)

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

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

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)

FROST NATIONAL BANK

74-6378586

(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?
21	TRUSTEE	16371	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
(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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TELENETWORK PARTNERS, LTD. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 TELENETWORK PARTNERS, LTD.	D Employer Identification Number (EIN) 74-2908123	

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	190658	131407
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	534466	589806
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	3109	2227
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	157669	92518
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	334239	632493
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	68573	72652
(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)	1381043	2041941
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	97574	103660

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2767331	3666704

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2767331	3666704
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	851942	
(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)		851942

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	73176	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20072	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		93248

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1243099	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1250871	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-7772

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	4079	
(B) Other	2b(5)(B)	7356	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11435
(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)		175781
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1124634

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	199330	
(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)		199330
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)	16615	
(4) Other	2i(4)	9316	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25931
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		225261

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		899373
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: RICK C. REED AND COMPANY, PLLC

(2) EIN: 74-2708275

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		70000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>TELENETWORK PARTNERS, LTD. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TELENETWORK PARTNERS, LTD.</u>	D Employer Identification Number (EIN) <u>74-2908123</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>74-3155872</u> <u>74-6378586</u> 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	<u>13</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Rick C. Reed
& COMPANY, PLLC
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
TeleNetwork Partners Ltd.
Defined Benefit Pension Plan
San Marcos, Texas

We have audited the accompanying statements of net assets available for benefit of TeleNetwork Partners Ltd. Defined Benefit Pension Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 31, 2009 and 2008 and the statement of changes of accumulated plan benefits as of December 31, 2009. 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 audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the plan as of December 31, 2009 and 2008 and the changes in the financial status of the plan for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investments, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management.

321 CHEATHAM STREET
P.O. BOX 867
SAN MARCOS, TX 78667-0867
512 • 353 • 0200
512 • 353 • 3041 FAX

MEMBER OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

As described in Note K to the financial statements, Telenetwork Partners Ltd. Defined Benefit Plan reclassified the fair value measurement of certain investments held by the plan. There was no change to the amounts as reported originally.

Rick C Reed & Company, PLLC

Rick C. Reed & Company, PLLC
San Marcos, Texas

October 6, 2010, except for Note C & K, as to which the date is June 24, 2011

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 01/01/2009 and ending 12/31/2009▶ **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 TELENETWORK PARTNERS, LTD. DB 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 TELENETWORK PARTNERS, LTD.		D Employer Identification Number (EIN) 74-2908123
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....		2a	2,751,615
b Actuarial value.....		2b	2,751,615
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....		3a	0
b For terminated vested participants.....		3b	109
c For active participants:			
(1) Non-vested benefits.....		3c(1)	129,796
(2) Vested benefits.....		3c(2)	1,979,568
(3) Total active.....		3c(3)	2,109,364
d Total.....		3d	2,318,021
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	7.83 %
6 Target normal cost.....		6	555,237

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	Christopher S. Johnson, F.S.A. <i>CJS</i>	October 6, 2010
	Signature of actuary	Date
	CHRISTOPHER S. JOHNSON, F.S.A.	08-07100
	Type or print name of actuary	Most recent enrollment number
	RUDD AND WISDOM, INC	(512) 346-1590
	Firm name	Telephone number (including area code)
	9500 ARBORETUM BLVD., SUITE 200	
	AUSTIN TX 78759-4209	
	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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

A. Actuarial Methods

1. Actuarial Funding Method

The Accrued Benefit actuarial funding method is used in developing the contribution requirements of the plan. The actuarial funding method is the procedure by which the actuary annually identifies a series of annual contributions which, along with current assets and future investment earnings, will fund the expected plan benefits. The normal cost for the plan is the sum of the individually determined normal cost for each active participant. Each active participant's normal cost is determined as the present value of benefits that the participant is expected to accrue during the year of valuation.

The plan's current accrued liability is the sum of the individually determined accrued liability for each active participant plus the present value of future benefits for all retirees and vested terminated participants. Each active participant's accrued liability is the present value of all benefits which have accrued as of the valuation date.

The unfunded accrued liability is the amount by which the accrued liability exceeds the current plan assets. The unfunded accrued liability is recalculated each time a valuation is performed and is amortized in level dollar annual contributions in accordance with IRS guidelines.

2. Plan Value of Assets

Assets are valued at fair market value as determined by the plan trustee, including the present value of any receivable contributions made for a prior plan year which were not recognized by the plan trustee.

B. Actuarial Assumptions

1. Mortality: The active and retired participants of the plan are expected to exhibit mortality in accordance with the following published mortality tables:

- a. Pre-retirement Mortality: None
- b. Post-retirement Mortality: Optional Combined Static Tables for small plans under Regulation 1.430(h)(3)-1 in effect for 2009

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

2. Withdrawal: The active participants are assumed to terminate their employment for causes other than death, disability or retirement in accordance with annual rates as illustrated below. Note that the rates vary by elapsed time service from date of hire for the first two years (select rates) and by attained age thereafter (ultimate rates).

Elapsed Time Service From Date of Hire	Select Terminations Per 1,000 Participants
1	350
2	250
Attained Age	Ultimate Terminations Per 1,000 Participants
20	200
25	163
30	128
40	78
50	42
55	7
61 and over	1

3. Interest Rates:

The interest rates used in this valuation are consistent with the plan sponsor's election to:

- Use the corporate bond yield curve under IRC Section 430(h)(2)(D) for purposes of determining the Funding Target and Target Normal Cost; and,
- Use October as the "look back" month for the interest rates.

4. Earnings Progression: The increase in the levels of participant compensation is assumed to occur at an annual rate of 3.00%.
5. Retirement Age: A participant is assumed to retire at the attainment of his normal retirement age. Any participant who has attained his expected retirement age and is still working is assumed to retire immediately.
6. Disability: None
7. Expenses: In the determination of Target Normal Cost, plan administrative expenses expected to be paid from plan assets during the year are assumed to be 1.20% of the market value of assets as of the beginning of the year including the present value of receivable contributions.
8. Recognition of IRC Sections 401(a)(17) and 415(b) Limitations: The limitations under IRC Sections 401(a)(17) and 415(b) have been reflected in the determination of plan costs.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

9. Additional At-Risk Assumptions:

- i. All *employees* who are not otherwise assumed to retire as of the valuation date but who will be eligible to commence an immediate distribution during the plan year and the ten succeeding plan years are assumed to retire at the earliest retirement date (i.e., the earliest date on which a participant can commence receiving an immediate distribution) under the plan but not before the end of the plan year for which the At-Risk Funding Target and At-Risk Target Normal Cost are being determined.
- ii. All *employees* are assumed to elect the optional form of benefit available under the plan at the assumed retirement age (determined after application of (i) above) which results in the highest present value of benefits.

10. Form of Payment: Upon separation from service, 100% of pre-retirement eligible participants (or their beneficiary) and 50% of post-retirement eligible participants (or their beneficiary) are assumed to elect the lump sum form of payment. In accordance with Treas. Reg. 1.430(d)-1(f)(4)(iii), future lump sum payments are estimated assuming current applicable mortality rates are unchanged in the future and using the valuation interest rates (see Item 3.). In addition, for purposes of valuing lump sums using the valuation interest rates, no adjustment has been made to reflect differences between the phase-in of the segment rates under IRC Section 430(h)(2)(G) and the adjustments to the segment rates under IRC Section 417(e)(3)(D)(iii).

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

1. Identifying Data

- a. Plan name: teleNetwork Partners, Ltd. Defined Benefit Pension Plan
- b. Type of plan: Defined benefit
- c. Plan sponsor: teleNetwork Partners, Ltd.
- d. Plan Year: January 1 to December 31

2. Participation

- a. Minimum Age: 21
- b. Maximum Age at Hire: none
- c. Service: One year where 1,000 hours in 12 month period is one year
- d. Employee Classification: All employees except union employees, leased employees and non-resident aliens
- e. Entry Date: first January 1 or July 1 after eligible

3. Contributions

- a. Participant: none required
- b. Employer: amounts necessary to adequately finance plan benefits

4. Eligibility for Retirement

- a. Normal Retirement: age 64 plus 5th anniversary of participation
- b. Early Retirement: not allowed
- c. Disability Retirement: upon termination of employment due to disability

5. Retirement Benefit Monthly Amounts (Effective January 1, 2008)

- a. Normal Retirement:
4.5% of average monthly compensation up to the integration level plus 5.107% of average monthly compensation in excess of integration level, with the result multiplied times benefit accrual service, up to 19 years
- b. Late Retirement:
the greater of: (a) the same formula as normal retirement, but reflecting service and compensation up to actual retirement, or (b) monthly amount actuarially equivalent to normal retirement benefit at normal retirement age
- c. Early Retirement: none available
- d. Disability: amount equal to actuarial equivalent of vested accrued benefit

6. Normal Form of Monthly Payment

Life annuity; other actuarially equivalent payment forms are available;
form of payment selected is subject to applicable spousal consent requirements.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

7. Vested Termination Benefits

- a. Benefit: entitlement to vested percentage of accrued normal retirement benefit
- b. Vesting Schedule (After January 1, 2009):

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 3	0%
3 or more	100

- c. Accrued Normal Retirement Benefit: the monthly benefit that a participant has accrued before reaching normal retirement age payable in the normal form of payment beginning at normal retirement age; the amount of the accrued benefit is determined when a participant terminates his employment and is calculated like the normal retirement benefit but using only years of service and compensation credited at date of termination.

8. Pre-retirement Death Benefits

Payment of benefit which is actuarially equivalent to present value of accrued normal retirement benefit; form of payment and beneficiary selected are subject to applicable surviving spouse consent requirements

9. Basis of Actuarial Equivalence

Applicable mortality table and applicable interest rate(s) for the month of December immediately preceding the plan year containing the date of distribution.

10. Integration Level

Equal to the Covered Compensation of the participant; Covered Compensation is the average of the maximum taxable wage base over a 35-year period ending with the participant's Social Security Normal Retirement Age

11. Average Monthly Compensation

Averaged over highest five plan years*

- * For December 31, 2005 protected accrued benefit, average monthly compensation was averaged over highest three plan years.

12. TEFRA Top Heavy Provisions

- a. Minimum Accrued Benefit: 2% of average monthly compensation per each year plan is top heavy up to 10 years
- b. Minimum Vesting Schedule: 100% after three years

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

13. Changes in Plan Provisions

Vesting Schedule:

i. Current: Vesting Schedule (After January 1, 2009):

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 3	0%
3 or more	100

ii. Prior: Vesting Schedule (Prior to January 1, 2009):

<u>Years of Vesting Service</u>	<u>Vesting Percent</u>
0	0%
1	0
2	20
3	40
4	60
5	80
6 or more	100

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS

Assumption	Prior Year	Current Year
Plan-Related Expenses for Target Normal Cost	N/A	1.20% of the Market Value of Assets as of the beginning of the year including the present value of receivable contributions

This change was made to comply with PPA, reflecting the enrolled actuary's best expectations of future plan experience.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, LINE 25 – CHANGE IN METHOD

Assumption	Prior Year	Current Year
Interest Rates	December 2007 Corporate Bond Yield Curve	October 2008 Corporate Bond Yield Curve

This change received automatic approval from the March 2009 edition of the IRS's Employee Plan News.

**TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001**

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Age and Service Table for Actives as of January 1, 2009

<i>Current Age</i>	<i>Current Years of Benefit Service</i>														<i>Percent</i>
	<i>x < 1</i>	<i>1 <= x < 2</i>	<i>2 <= x < 3</i>	<i>3 <= x < 4</i>	<i>4 <= x < 5</i>	<i>5 <= x < 10</i>	<i>10 <= x < 15</i>	<i>15 <= x < 20</i>	<i>20 <= x < 25</i>	<i>25 <= x < 30</i>	<i>30 <= x < 35</i>	<i>35 <= x < 40</i>	<i>40 <= x</i>	<i><Total></i>	<i>of Total</i>
<i>< 25</i>	0	40	35	6	3	1	0	0	0	0	0	0	0	85	33.47%
<i>25 <= x < 30</i>	0	34	32	19	7	6	1	0	0	0	0	0	0	99	38.98%
<i>30 <= x < 35</i>	0	10	5	2	1	9	1	0	0	0	0	0	0	28	11.02%
<i>35 <= x < 40</i>	0	6	6	4	0	2	0	1	0	0	0	0	0	19	7.48%
<i>40 <= x < 45</i>	0	3	2	1	0	2	0	0	0	0	0	0	0	8	3.15%
<i>45 <= x < 50</i>	0	2	1	0	2	0	0	0	0	0	0	0	0	5	1.97%
<i>50 <= x < 55</i>	0	3	1	0	0	0	0	0	0	0	0	0	0	4	1.57%
<i>55 <= x < 60</i>	0	2	2	0	0	1	0	0	0	0	0	0	0	5	1.97%
<i>60 <= x < 65</i>	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0.39%
<i>x >= 65</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
<i>Service Totals</i>	0	100	84	32	13	21	2	2	0	0	0	0	0	254	100.00%
<i>Percent of Total</i>	0.00%	39.37%	33.07%	12.60%	5.12%	8.26%	0.79%	0.79%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	

Average Attained Age: 28.96

Average Service: 2.37

TELENETWORK PARTNERS LTD
DEFINED BENEFIT PENSION PLAN
PLAN NO. 001
SCHEDULE OF ASSETS HELD FOR INVESTMENTS (SCHEDULE H, LINE 4i)
YEAR ENDED DECEMBER 31, 2009

Plan Sponsor: TELENETWORK PARTNERS LTD.

EIN: 74-2908123

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	FROST TRUST	Cash	\$	442
	FROST TRUST	Frost Low Duration Bond Fund		446,597
	FROST TRUST	Common Stock Holdings		632,493
	FROST TRUST	American Cen Intl Bond Fund		336,242
	FROST TRUST	Federated GNMA Trust Shares		346,578
	FROST TRUST	Forward Intl Small Co Fund		34,545
	FROST TRUST	Frost Hoover Sm Mid Cap Eq Fund		15,821
	FROST TRUST	Frost Intl Equity Fund		151,348
	FROST TRUST	Frost Total Return Bond Fund		351,784
	FROST TRUST	Ivy Global Natural Resources Fund		13,189
	FROST TRUST	Federated Prime Obligations Fund		92,518
	FROST TRUST	Pimco Total Return Fund		345,837
	FROST TRUST	Accrued Income on Investments		2,227
	INLAND AMERICAN	REIT		35,637
	COLE CR PROPERTY	PROPERTY TRUST II REIT		37,015
	AMERICAN SKANDIA	APEX ANNUITY II		52,434
	ING	GOLDEN SELECT ACCESS		51,226
		TOTAL	\$	<u>2,945,933</u>

TELENETWORK PARTNERS LTD
DEFINED BENEFIT PENSION PLAN
PLAN NO. 001
SCHEDULE OF TRANSACTIONS IN EXCESS OF 5% (SCHEDULE H, LINE 4j)
YEAR ENDED DECEMBER 31, 2009

Plan Sponsor: TELENETWORK PARTNERS LTD.

EIN: 74-2908123

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party	Description of Investment	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of asset on Transaction Date	Net gain or (loss)
FROST	AIM STIC PRIME INST	\$ 55,778	\$ -		\$ -		\$ 55,778	\$ -
FROST	AIM STIC PRIME INST	-	209,552		-		209,552	-
FROST	FEDERATED PRIME OBLIG FD		851,130		-		851,130	-
FROST	FEDERATED PRIME OBLIG FD	943,648			-		943,648	-
FROST	FROST LOW DURATION BOND	450,000			-		450,000	-
FROST	COMMON STOCK	281,508			-		281,508	-
FROST	PIMCO TOTAL RETURN INSTL		97,165		-	94,057	97,165	-
FROST	FROST TOTAL RETURN BD	136,421			-		136,421	-

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
EIN/PN: 74-2908123/001

ATTACHMENT TO 2009 FORM 5500

SCHEDULE SB, LINE 18 – CONTRIBUTIONS MADE TO THE PLAN FOR THE PLAN YEAR BY EMPLOYER

Date of Contribution	Amount of Contribution
September 15, 2009	\$ 65,534
October 15, 2009	65,534
November 16, 2009	65,534
December 15, 2009	65,534
January 26, 2010	65,534
February 18, 2010	65,534
March 31, 2010	65,534
April 26, 2010	65,534
May 27, 2010	65,534
June 30, 2010	85,814
July 23, 2010	85,814
August 25, 2010	85,815
September 15, 2010	4,693
Total	\$ 851,942

Rick C. Reed
& COMPANY, PLLC
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
TeleNetwork Partners Ltd.
Defined Benefit Pension Plan
San Marcos, Texas

We have audited the accompanying statements of net assets available for benefit of TeleNetwork Partners Ltd. Defined Benefit Pension Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 31, 2009 and 2008 and the statement of changes of accumulated plan benefits as of December 31, 2009. 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 audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the plan as of December 31, 2009 and 2008 and the changes in the financial status of the plan for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investments, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management.

321 CHEATHAM STREET
P.O. BOX 867
SAN MARCOS, TX 78667-0867
512 • 353 • 0200
512 • 353 • 3041 FAX

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The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

As described in Note K to the financial statements, Telenetwork Partners Ltd. Defined Benefit Plan reclassified the fair value measurement of certain investments held by the plan. There was no change to the amounts as reported originally.

Rick C Reed & Company, PLLC

Rick C. Reed & Company, PLLC
San Marcos, Texas

October 6, 2010, except for Note C & K, as to which the date is June 24, 2011

TELENETWORK PARTNERS LTD.
DEFINED BENEFIT PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 & 2008

<u>Assets</u>	<u>2009</u>	<u>2008</u>
Investments, at fair value:		
Investments in Real Estate Investment Trusts	\$ 72,652	\$ 68,573
Investments in Annuities	103,660	97,574
Investment in Mutual Funds	-	-
Stocks and securities as held by Trust Account	2,769,621	1,876,518
Total Investments, at fair value	<u>2,945,933</u>	<u>2,042,665</u>
 Employer's contribution receivable	 589,806	 534,466
Cash - Frost Bank	<u>130,965</u>	<u>190,200</u>
 Total assets	 3,666,704	 2,767,331
 <u>Liabilities</u>		
Accounts Payable	<u>-</u>	<u>-</u>
 Net assets available for benefits	 <u>\$ 3,666,704</u>	 <u>\$ 2,767,331</u>

See accompanying notes

TELENETWORK PARTNERS LTD
DEFINED BENEFIT PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009 & 2008

Additions to net assets attributed to:	2009	2008
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ 11,435	\$ (122,101)
Interest/Dividends from securities	93,248	67,094
Gain (loss) on sale of assets	(7,772)	(28,397)
Gain/(loss) from registered investment companies	175,781	(90,567)
Total investment income	<u>272,692</u>	<u>(173,971)</u>
Contributions:		
Employer	851,942	665,584
Total contributions	<u>851,942</u>	<u>665,584</u>
Total additions to net assets	<u>1,124,634</u>	<u>491,613</u>
Deductions from net assets attributed to:		
Benefits paid to participants	199,330	30,671
Administrative expenses	25,931	13,541
Total deductions from net assets	<u>225,261</u>	<u>44,212</u>
Net Increase	899,373	447,401
Net assets available for benefits		
Beginning of year	2,767,331	2,319,930
End of year	<u>\$ 3,666,704</u>	<u>\$ 2,767,331</u>

See accompanying notes

TELENETWORK PARTNERS LTD.
DEFINED BENEFIT PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2009 & 2008

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

	2009	2008
Vested benefits:		
Terminated participants with vested interests	\$ 208,657	\$ 190,177
Other Participants	1,979,568	1,682,936
	<u>2,188,225</u>	<u>1,873,113</u>
Nonvested benefits	129,796	60,839
 TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	 <u>\$ 2,318,021</u>	 <u>\$ 1,933,952</u>

During 2008, the actuarial assumption for investment return changed to the December 2007 Corporate Bond Yield Curve under IRC Section 430(h)(2)(D), from 8% pre-retirement and 5% post-retirement. Prior law required two separate calculations.

See accompanying notes.

TELENETWORK PARTNERS LTD.
DEFINED BENEFIT PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2009

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 1,933,952
Increase (decrease) during the year attributable to:	
Changes in actuarial assumptions	525,839
Plan amendments	(851,090)
Benefits accumulated	734,953
Interest for interest due to the decrease in the discount period	173,697
Benefits paid	(199,330)
NET INCREASE	384,069
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 2,318,021</u>

See accompanying notes.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

A. Description of Plan

The following description of the TeleNetwork Partners, Ltd. Defined Benefit Pension Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** The Plan is a defined benefit pension plan, covering all employees who have one year of service, defined as 1,000 hours of service in a 12 month period. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. **Pension Benefits.** Employees age 64 and older with five plus years of participation are entitled to annual pension benefits beginning at normal retirement age (64) equal to 4.5% of average monthly compensation up to the integration level plus 5.107% of average monthly compensation in excess of integration level, with the result multiplied times benefit accrual service, up to 19 years (only benefit accrual service while a participant is taken into account).
3. **Death and Disability Benefits.** On termination of service due to death, disability, or retirement, a participant (or beneficiary) may elect to receive the benefit, which is actuarially equivalent to the present value of accrued normal retirement benefit, either in a lump-sum or installments.
4. **Contributions.** Participants are not required to make contributions to the Plan. The employer funds the Plan in amounts necessary to adequately finance plan benefits as calculated by third party actuarial firm.
5. **Participant Accounts.** There are no individual participant accounts associated with this plan. In a Defined Benefit Plan, contributions are not allocated to individual participants since all assets are pooled and no participant has a direct claim on any specific assets but rather a general claim on the total pool of assets.
6. **Vesting.** Participants are entitled to the vested percentage of their accrued normal retirement benefit, defined as the monthly benefit a participant has accrued before reaching normal retirement age payable in the normal form of payment beginning at the normal retirement age. The amount is determined when a participant terminates his or her employment and is calculated like the normal retirement benefit but using only years of service and compensation credited at the date of termination.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

The schedule of vesting is as follows (prior to January 1, 2009):

<u>Years of Vesting Service</u>	<u>Vesting Percent</u>
0	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

The schedule of vesting is as follows (after January 1, 2009):

<u>Years of Vesting Service</u>	<u>Vesting Percent</u>
< 3 years	0%
>= 3 years	100%

7. **Investment Options.** All investments are pooled and are self-directed by the trustees. These investment accounts are reviewed on a regular basis and reallocated by the trustees for the benefit of the Plan's participants.
8. **Participant Notes Receivable.** Loans to participants are not permitted by the plan; therefore, there are no loans made to participants at December 31, 2009 and 2008.
9. **Forfeited Accounts.** At December 31, 2009 and 2008, there were no forfeited nonvested accounts. Accounts are pooled and not treated individually.

B. Summary of Significant Accounting Policies

1. **Basis of Accounting.** The financial statements of the Plan are prepared using the accrual basis of accounting.
2. **Estimates.** The preparation of financial statements in conformity with United States generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

3. **Investment Valuation & Income Recognition.** Quoted market prices are used to value investments.
4. **Payment of Benefits.** Benefits are recorded when paid.
5. **Actuarial Present Value of Accumulated Plan Benefits.** Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are based on employees' compensation during their participation time, up to 19 years. 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 Plan has contracted with Rudd and Wisdom, Inc. Consulting Actuaries of Austin, Texas, to provide actuarial services for the year ended December 31, 2009 and 2008. The actuarial firm is subject to its own professional guidelines promulgated by the American Academy of Actuaries. The significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008 were (a) life expectancy of participants (the mortality table prescribed under the Optional Combined Static Tables for small plans under Regulation 1.430(h)(3)-1 in effect for 2009), (b) retirement age assumptions (the assumed average retirement age was 64), (c) and investment return. The 2009 and 2008 valuations included assumed average rates of 8% pre-retirement and 5% post-retirement. Reflected in the valuation is the revised non prescribed assumption from non-applicable to 1.20% of the market value of assets as of the beginning of the year including the present value of receivable contributions. The foregoing actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

C. Fair Value Measurements

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

		Fair Value Measurements at Reporting Date Using:			
		Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value			
<u>December 31, 2009</u>					
Real estate investment trusts	\$	72,652	\$	-	\$
Annuities		103,660		-	
Mutual Funds		-		-	
Stocks & mutual funds held by Frost Trust account		2,769,621		2,769,621	-
Totals	\$	2,945,933	\$	2,769,621	\$
<u>December 31, 2008</u>					
Real estate investment trusts	\$	68,573	\$	68,573	\$
Annuities		97,574		97,574	
Mutual Funds		1,876,518		1,876,518	
Totals	\$	2,042,665	\$	2,042,665	\$

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

C. Fair Value Measurements (cont'd.)

investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of common stock, most corporate bonds and debentures, and U.S. government securities are based on quoted market prices.

Level 2 Fair Value Measurements

Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroboration by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

C. Fair Value Measurements (cont'd.)

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2009, there were no significant transfers in or out of levels 1, 2, or 3.

D. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC fails to guarantee all types of benefits under the Plan, 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 2009 that ceiling is \$4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

D. Plan Termination (cont'd.)

time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Benefit improvements attributable to the Plan amendments effective January 1, 2008 may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. For example, none of the improvement would be guaranteed if the Plan were to terminate before January 1, 2009. After that date, the PBGC would guarantee 20% of any benefit improvements that resulted in benefits below the ceiling, with an additional 20% guaranteed each year the Plan continued beyond January 1, 2009. If the amount of the benefit increase below the ceiling is also less than \$100, \$20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment. As a result, only the primary ceiling would be applicable after January 1, 2013. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

E. Funding Policy

The Company's funding policy is to make annual contributions to the Plan in amounts that are estimated to remain a constant percentage of employees' compensation each year, such that all employees' benefits will be fully provided for by the time they retire.

The Company's contributions for 2009 and 2008 exceeded the minimum funding requirements of ERISA.

F. Related Party Transactions

During 2009 and 2008, the Plan had no related party transactions.

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

G. Investments

The Plan's investments are managed and held by the trustees. The following table presents investments that represent 5% or more of the Plan's Net Assets.

Investments at Fair Value as Determined by
Quoted Market Price

12/31/09

Frost Trust:

Cash	\$ 442.03
Federated Prime Obligations Fund	92,517.69
Common Stock Holdings	632,493.19
American Century Intl Bond Fund	336,242.50
Federated GNMA Trust Shares	346,577.78
Forward Int'l Small Companies Fund	34,545.45
Frost Hoover Sm Mid Cap Equity Fund	15,820.80
Frost Int'l Equity Fund	151,347.88
Frost Total Return Bond Fund	351,783.68
Ivy Global Natural Resources Fund	13,188.59
Frost Low Duration Bond Fund	446,597.35
Pimco Total Return Fund	<u>345,837.15</u>
Total Frost Trust	<u>\$2,767,394.09</u>

Investments held representing less than 5% of Plan's
Net Assets

\$ 178,538.91

Total Investments

\$2,945,933.00

During 2009, the Plan's investments (including investments bought, sold, and held during the year) depreciated in value by \$272,692 as follows:

Gain/ (loss) on sales of assets	\$ (7,772)
Interest/Dividends from Securities	93,248
Unrealized appreciation	11,435
Other Interest Income	<u>175,781</u>
Total Appreciation	<u>\$272,692</u>

TELENETWORK PARTNERS, LTD.
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

H. Tax Status

The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC), based upon an opinion letter issued by the National Revenue Service, stating that the prototype plan is qualified under Section 401 of the IRC.

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 to Form 5500:

Net Assets available for benefits per the Financial statements	<u>\$3,666,704</u>
Net Assets available for benefits per the Form 5500	<u>\$3,666,704</u>

J. 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 those changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on 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.

K. Changes to Fair Market Valuation Measurement

In the original auditor's report dated October 6, 2010, the Fair Market Valuation Measurement in Note C indicated all investments as Level 1. Pursuant to the results of a review of the report by the Department of Labor, the Plan determined that annuities held should be reclassified as Level 3 and real estate investment trusts held should be reclassified as Level 2. There were no changes to the amounts of these investments as originally reported.

**SUPPLEMENTAL
SCHEDULE**

TELENETWORK PARTNERS LTD
DEFINED BENEFIT PENSION PLAN
PLAN NO. 001
SCHEDULE OF ASSETS HELD FOR INVESTMENTS (SCHEDULE H, LINE 4i)
YEAR ENDED DECEMBER 31, 2009

Plan Sponsor: TELENETWORK PARTNERS LTD.

EIN: 74-2908123

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
	FROST TRUST	Cash	\$	442
	FROST TRUST	Frost Low Duration Bond Fund		446,597
	FROST TRUST	Common Stock Holdings		632,493
	FROST TRUST	American Cen Intl Bond Fund		336,242
	FROST TRUST	Federated GNMA Trust Shares		346,578
	FROST TRUST	Forward Intl Small Co Fund		34,545
	FROST TRUST	Frost Hoover Sm Mid Cap Eq Fund		15,821
	FROST TRUST	Frost Intl Equity Fund		151,348
	FROST TRUST	Frost Total Return Bond Fund		351,784
	FROST TRUST	Ivy Global Natural Resources Fund		13,189
	FROST TRUST	Federated Prime Obligations Fund		92,518
	FROST TRUST	Pimco Total Return Fund		345,837
	FROST TRUST	Accrued Income on Investments		2,227
	INLAND AMERICAN COLE CR PROPERTY	REIT PROPERTY TRUST II REIT		35,637 37,015
	AMERICAN SKANDIA ING	APEX ANNUITY II GOLDEN SELECT ACCESS		52,434 51,226
		TOTAL	\$	<u>2,945,933</u>

TELENETWORK PARTNERS LTD
DEFINED BENEFIT PENSION PLAN
PLAN NO. 001
SCHEDULE OF TRANSACTIONS IN EXCESS OF 5% (SCHEDULE H, LINE 4j)
YEAR ENDED DECEMBER 31, 2009

Plan Sponsor: TELENETWORK PARTNERS LTD.

EIN: 74-2908123

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party	Description of Investment	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of asset on Transaction Date	Net gain or (loss)
FROST	AIM STIC PRIME INST	\$ 55,778	\$ -		\$ -		\$ 55,778	\$ -
FROST	AIM STIC PRIME INST	-	209,552		-		209,552	-
FROST	FEDERATED PRIME OBLIG FD		851,130		-		851,130	-
FROST	FEDERATED PRIME OBLIG FD	943,648			-		943,648	-
FROST	FROST LOW DURATION BOND	450,000			-		450,000	-
FROST	COMMON STOCK	281,508			-		281,508	-
FROST	PIMCO TOTAL RETURN INSTL		97,165		-	94,057	97,165	-
FROST	FROST TOTAL RETURN BD	136,421			-		136,421	-