Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 12/31/2009

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [X] 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
TRANS-WEST SECURITY SERVICES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/2009

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

4444 GRISSOM ST
BAKERSFIELD, CA 93313

2b Employer Identification Number (EIN)
95-3800030

2c Sponsor's telephone number
661-834-0711

2d Business code (see instructions)
522120

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.	05/07/2012	BROOKE ANTONIONI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
TRANS-WEST SECURITY SERVICES, INC.

4444 GRISSOM ST
BAKERSFIELD, CA 93313

3b Administrator's EIN
95-3800030

3c Administrator's telephone number
661-834-0711

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	322
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**	327
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	336
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	336
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	26
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 12/31/2009

A Name of plan
TRANS-WEST SECURITY SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRANS-WEST SECURITY SERVICES, INC.

D Employer Identification Number (EIN)
95-3800030

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		2344
(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)		154453
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	0	156797
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0	156797

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	36549	
	(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)		36549
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)	45	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		45
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		17729
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		54323
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29948	
(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)		29948
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)	85	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		85
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30033
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		24290
l Transfers of assets:			
(1) To this plan	2l(1)		132507
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BARBICH, LONGCRIER, HOOPER & KING (2) EIN: 95-3705481

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

Trans-West Security Services, Inc.
401(k) Profit Sharing Plan

Financial Statements

December 31, 2009

C O N T E N T S

	Page(s)
Independent Auditors' Report	1 - 2
Financial Statements	
Statement of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 9
Supplementary Information	
Schedule of assets (held at end of year)	10

BARBICH HOOPER KING
DILL HOFFMAN
ACCOUNTANCY CORPORATION

Independent Auditors' Report

To the Trustees and Participants
Trans-West Security Services, Inc. 401(k) Profit Sharing Plan
Bakersfield, California

We have audited the accompanying statement of net assets available for benefits of Trans-West Security Services, Inc. 401(k) Profit Sharing Plan at December 31, 2009, and the related statement of changes in net assets available for benefits for the eleven months then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatements. 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 net assets available for benefits of Trans-West Security Services, Inc. 401(k) Profit Sharing Plan at December 31, 2009, and the changes in its net assets available for benefits for the eleven months then ended in conformity with U.S. generally accepted accounting principles.

P.O. BOX 11171 | BAKERSFIELD, CA 93389
5001 E. COMMERCENTER DRIVE | SUITE 350 | BAKERSFIELD, CA 93309
(661) 631-1171 OFFICE | (661) 631-0244 FAX | BHKCPAS.com

Our audit for the year ended December 31, 2009 was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental information included in Schedule H (IRS Form 5500) 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. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

BARBICH HOOPER KING
DILL HOFFMAN
Accountancy Corporation

BARBICH HOOPER KING

Bakersfield, California
August 29, 2011

Trans-West Security Services, Inc.
401(k) Profit Sharing Plan

Statement of Net Assets Available for Benefits
December 31, 2009

ASSETS

Investments, at fair value:		
Mutual funds	$	154,453
Participant loans		2,344
		156,797
Net assets available for benefits	$	156,797

See Notes to Financial Statements.

Trans-West Security Services, Inc.
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
For the Period of Inception Beginning
February 1, 2009 through December 31, 2009

Additions to net assets attributed to:		
Investment income:		
Interest and dividend income	$	45
Unrealized appreciation in fair value of investments		17,729
		17,774
Contributions:		
Employee		36,549
Transfers in		132,507
Total additions		186,830
Deductions from net assets attributed to:		
Deductions from net assets attributed to:		
Benefits paid to participants		29,948
Administrative fees		85
Total deductions		30,033
Increase in net assets		156,797
Net assets available for benefits:		
Beginning of period		-
End of year	$	156,797

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Trans-West Security Services, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a 401(k) profit sharing plan covering all employees of Trans-West Security Services, Inc. (the Company) who have completed 1,000 service hours within a consecutive twelve month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant accounts:

Each participant account is credited with the participant's contributions, allocation of the Company's matching contribution, and Plan earnings. Allocation of earnings are based on account balances, as defined by the Plan. All amounts in participant accounts are participant-directed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. A participant is 100% vested after six years in employer contributions, based on a graduated vesting schedule.

Benefit payments and withdrawals:

On termination of service, participants may elect to receive a lump-sum distribution equal to the vested value of their account or leave the value of the account on deposit until normal retirement (age 65). Distribution of vested value will also occur in the case of death or disability. Participants may elect payments in the form of lump-sum, combination of lump-sum and installments, or installments.

Amounts allocated to accounts of persons who at December 31, 2009, have elected to withdraw from the Plan but have not been paid is $-0-.

Contributions:

Participating employees are allowed to make contributions of their pretax annual compensation as defined in the Plan, pursuant to Section 401(k) of the Internal Revenue Code. Effective February 1, 2009, the employer contribution is a discretionary amount that is determined by Plan management each plan year. For the year ended December 31, 2009, the employer contribution was $-0-. Any Company contributions are funded annually.

Forfeitures of terminated employees' nonvested account balances are used to offset employer contributions. For the eleven months ended December 31, 2009, forfeitures used to offset employer contributions were $-0-. Forfeiture balances at December 31, 2009 were $-0-.

Participant loans:

A participant may obtain a loan from the Plan for a minimum of $1,000, which does not exceed 50% of their nonforfeitable account balance. The maximum aggregated dollar amount of loans outstanding to a participant may not exceed $50,000. The loans are secured by 50% of the participant's nonforfeitable account balance. The loans bear interest at rates commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Note 2. Significant Accounting Policies

Basis of accounting:

The accounting records of the Plan are maintained on the accrual basis of accounting.

Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Participant loans are valued at cost which approximates fair market value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

Use of estimates:

The preparation of financial statements in conformity with U.S. 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.

Administrative expenses:

During the inception period beginning February 1, 2009 through December 31, 2009, the Company paid a significant amount of the Plan's administrative expenses.

Tax status:

The Plan has been qualified under Section 401(a) of the Internal Revenue Code and, accordingly, income of the Plan is exempt from Federal and state income taxes. The Plan obtained its latest determination letter on March 8, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 3. Plan Termination

Although it has not expressed an intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Payment of such amounts will be made to participants by the Trustee as directed by the Plan Committee.

Note 4. Fair Value Disclosures

FASB ASC 820-10 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 quoted prices in an active market (observable inputs), Level 2 inputs are quoted prices other than those included in Level 1, and Level 3 inputs consist of significant unobservable inputs. The Plan uses appropriate valuation techniques based on the available inputs to measure fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The fair value of mutual funds is based on quoted net asset values of shares held by the Plan at year end. Level 2 inputs are from broker quotations from market makers, original transaction price, and recent transactions in recent of similar instruments. Level 3 inputs are unobservable and significant to the fair value measurement. The fair value of participant's loans is equal to the amortized cost of the loan because the loans are secured by each respective participant's account balance.

		Fair Value Measurements Using:		
	Fair Value	***Level 1***	***Level 2***	***Level 3***
Registered investment companies	$ 154,453	$ 154,453	$ -	$ -
Participant loans	2,344	-	-	2,344
Total	$ 156,797	$ 154,453	$ -	$ 2,344

The following table provides further details for the Level 3 assets for the period of inception beginning February 1, 2009 through December 31, 2009:

	Participant loans
Beginning balance	$ -
Total gains/losses (realized and unrealized) included in changes in net assets	-
Purchases, sales, issuances, settlements (net)	2,344
Ending balance	$ 2,344

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the period of inception beginning February 1, 2009 through December 31, 2009 are reported in net appreciation (depreciation) in fair value of investments.

Note 5. Investments

The Plan held the following individual investments representing five or more percent of the Plan's net assets at December 31, 2009:

American Funds - Growth Fund of America	$ 13,760
American Funds – New Perspective	$ 10,139
American Funds – New Economy	$ 9,384
American Funds – Smallcap World Fund	$ 11,338
American Funds - Money Market Fund	$ 92,765

The Plan's investments consist of assets held by a custodial agent and participant loans. These investments are managed under the discretion of the Plan trustees.

During the eleven months ended December 31, 2009, certain Plan assets appreciated in value. The unrealized net appreciation in fair value is as follows:

Mutual funds	$ 17,729

Note 6. Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by American Funds Service Company, a subsidiary of Capital Bank and Trust Company, the Plan's custodian. Fees paid by the Plan for administrative fees amounted to $85 for the eleven months ended December 31, 2009. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

Note 7. Reconciliation of Financial Statements to Form 5500

Certain balances included on Schedule H Part I, II on the Annual Return/Report of Employee Benefits Plan (Form 5500) have been reclassified for the purpose of presentation in the financial statements.

Note 8. Subsequent Events

The Plan has evaluated events and transactions subsequent to December 31, 2009 through August 29, 2011, the date of the auditor's report, noting no significant items requiring further discussion.

Trans-West Security Services, Inc.
401(k) Profit Sharing Plan
Schedule H, line 4i, Form 5500- Schedule of Assets (Held at End of Year)
EIN: 95-3800030 Plan No. 002
December 31, 2009

(a)	*(b) Identity of Issue, Borrower or Similar party*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
*	American Funds Growth Fund of America	Mutual Fund	**	$ 13,760
*	American Funds Washington Mutual Investors	Mutual Fund	**	2,447
*	American Funds Investment Co. of America	Mutual Fund	**	2,006
*	American Funds New Perspective	Mutual Fund	**	10,139
*	American Funds Bond Fund of America	Mutual Fund	**	6,139
*	American Funds American Balanced Fund	Mutual Fund	**	704
*	American Funds New Economy	Mutual Fund	**	9,384
*	American Funds Europacific Growth	Mutual Fund	**	1,573
*	American Funds American High Income Trust	Mutual Fund	**	2,373
*	American Funds Intermediate Bond Fund of America	Money Market	**	1,825
*	American Funds Smallcap World Fund	Mutual Fund	**	11,338
*	American Funds Money Market	Mutual Fund	**	92,765
*	Participant loans	Interest rate at 8.5%	-	2,344
				$ 156,797

* Party-in-interest
** Column (d) is blank as all investments are participant directed

Trans-West Security Services, Inc.
401(k) Profit Sharing Plan
Schedule H, line 4i, Form 5500- Schedule of Assets (Held at End of Year)
EIN: 95-3800030 Plan No. 002
December 31, 2009

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