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), 6057(b), 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TEX-TRUDE INC EMPLOYEE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 11/01/1989

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

TEX-TRUDE INC

P.O. BOX 58
CHANNELVIEW, TX 77530-0058

2001 SHELDON ROAD
CHANNELVIEW, TX 77530

2b Employer Identification Number (EIN)
74-1159166

2c Sponsor's telephone number
281-452-5961

2d Business code (see instructions)
326100

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.	09/29/2015	DENNIS K. HARDING
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)
MICHAEL L GAUS

MICHAEL GAUS, CAROL HANEY &CO.

5851 SAN FELIPE, SUITE 895
HOUSTON, TX 77079

Preparer's telephone number (optional)
713-972-4336

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	95
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**	121
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	121
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	
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**	
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 Characteristics Codes in the instructions:

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

4A 4B 4F 4Q

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)** [X] 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)** [X] 3 **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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
TEX-TRUDE INC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
TEX-TRUDE INC

D Employer Identification Number (EIN)
74-1159166

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.

1 Coverage Information:

(a) Name of insurance carrier

PAN AMERICAN

(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
72-0281240	67539	11005-015	121	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
16099	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

GALLAGHER BENEFITS
1900 WEST LOOP SOUTHY, SUITE 1600
HOUSTON, TX 77027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16099			3

(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**	

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.	**6d**	

Specify nature of costs ▶

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)**	0
d	Total of balance and additions (add lines **7b** and **7c(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)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**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 organizations(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** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ AD&D

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 line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	160997
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, line 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 [X] 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
TEX-TRUDE INC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
TEX-TRUDE INC

D Employer Identification Number (EIN)
74-1159166

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.

1 Coverage Information:

(a) Name of insurance carrier

MEDICAL EXCESS

(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
25-0687550	19445	949-0875	121	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
1243	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

GPA
12770 MERIT DRIVE
DALLAS, TX 75251

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1243			3

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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**	

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.	**6d**	

Specify nature of costs ▶

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)**	0
d	Total of balance and additions (add lines **7b** and **7c(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)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**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 organizations(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** [X] Other (specify) ▶ TRANSPLANT

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 line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	12431
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, line 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 [X] 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
TEX-TRUDE INC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
TEX-TRUDE INC

D Employer Identification Number (EIN)
74-1159166

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.

1 Coverage Information:

(a) Name of insurance carrier

UNION SECURITY INSURANCE

(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
81-0170040	70408	5228556	121	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
501	99

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

GALLAGHER BENEFIT SERVICES
1900 WEST LOOP SOUTHY, SUITE 1600
HOUSTON, TX 77027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
501	99	PRODUCER BONUS PROGRAM PAYMENT	3

(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**	

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.	**6d**	

Specify nature of costs ▶

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)**	0
d	Total of balance and additions (add lines **7b** and **7c(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)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**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 organizations(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** [X] 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 line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	5005
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, line 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 [X] No

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

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
TEX-TRUDE INC EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
TEX-TRUDE INC

D Employer Identification Number (EIN)
74-1159166

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	204318	197506
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		340
(2) Participant contributions	1b(2)		9693
(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)		
(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)		
(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	204318	207539
	Liabilities			
g	Benefit claims payable	1g	9203	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	9203	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	195115	207539

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)	570304	
	(B) Participants	2a(1)(B)	332292	
	(C) Others (including rollovers)	2a(1)(C)	340	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		902936
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)		
	(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)		
	(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)		
	(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		902936
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	664032	
(2) To insurance carriers for the provision of benefits	2e(2)	165431	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		829463
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	61049	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		61049
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		890512
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12424
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MICHAEL GAUS, CAROL HANEY & CO. **(2)** EIN: 59-3785693

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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		212507
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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

TEX-TRUDE, INC. EMPLOYEE BENEFIT PLAN
HOUSTON, TEXAS

FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2012 and 2011

INDEX

REPORT OF INDEPENDENT ACCOUNTANTS	3
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFTS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
STATEMENTS OF BENEFIT OBLIGATIONS	7
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS	8
NOTES TO FINANCIAL STATEMENTS	9
SUPPLEMENTAL INFORMATION - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS	13

MICHAEL GAUS, CAROL HANEY & CO.

gaus
&
haney

a professional corporation

5851 San Felipe, Suite 895
Houston, TX 77057
Phone 713-952-4336
Fax 713-952-4337
mgaus@mgch-co.com
chaney@mgch-co.com

REPORT OF INDEPENDENT ACCOUNTANTS

The Trustees
Tex-Trude, Inc. Employee Benefit Plan

We have audited the accompanying financial statements of Tex-Trude, Inc. Employee Benefit Plan, which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair representation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's presentation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Tex-Trude, Inc. Employee Benefit Plan as of December 31, 2012 and 2011, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of "Delinquent Participant Contributions", referred to as "Supplemental Information", is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental 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 is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Houston, Texas
April 30, 2015

Meaux, Carol Haney & Co., P.C.

TEX-TRUDE, INC. EMPLOYEE BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2012 and 2011

	2012	2011
Assets:		
Cash	$ 197,506	204,318
Due from employees	9,693	-0-
Due from plan sponsor	340	-0-
Total Assets	207,539	204,318
Liabilities:		
Medical claims payable	-0-	9,203
Total Liabilities	-0-	9,203
Net Assets	$ 207,539	195,115

See accompanying notes.

TEX-TRUDE, INC. EMPLOYEE BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2012 and 2011

	2012	2011
Additions to plan assets attributed to:		
Participant contributions	$ 332,292	301,216
Employer contributions	570,304	258,528
Employer penalty contributions	340	-0-
Total additions	902,936	559,744
Deductions from plan assets attributed to payments for:		
Medical claims	664,032	412,551
Insurance premiums	165,431	139,661
	829,463	552,212
Administrative expenses:		
Third party administration fees	56,084	55,748
Other administrative expenses	4,965	4,836
Total deductions	61,049	60,584
Net increase (decrease)	12,424	(53,052)
Net assets available for benefits:		
Beginning of year	195,115	248,167
End of year	$ 207,539	195,115

See accompanying notes.

TEX-TRUDE, INC. EMPLOYEE BENEFIT PLAN
STATEMENTS OF BENEFIT OBLIGATIONS
For the Years Ended December 31, 2012 and 2011

	2012	2011
Amounts currently payable:		
Claims incurred, but not reported	$ 140,000	140,000
Total Benefit Obligations	$ 140,000	140,000

See accompanying notes.

TEX-TRUDE, INC. EMPLOYEE BENEFIT PLAN
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
For the Years Ended December 31, 2012 and 2011

	2012	2011
Amounts currently payable:		
Balance at beginning of year	$ 140,000	140,000
Claims reported and approved for payment, including benefits reclassified from benefit obligations	664,032	412,551
Claims paid	(664,032)	(412,551)
Benefit obligations at end of year	$ 140,000	140,000

See accompanying notes.

TEX-TRUDE, INC. EMPLOYEE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE - 1 - DESCRIPTION OF THE PLAN

The following description of the Tex-Trude, Inc. Employee Benefit Plan, a Health and Welfare Benefit 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 provides medical, life and accidental death and dismemberment benefits covering substantially all full-time employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligible participants

The Plan defines eligible participants as full-time employees (those who have worked 90 days as a salaried employee or 180 days as an hourly employee) of the Company. All eligible employees of the Company are required to participate as a condition of employment.

Benefits

The Plan provides health benefits (hospital, surgical, major medical) covering full-time employees of Tex-Trude, L.P. Participants are given the option to elect coverage for their eligible dependents. The Plan also provides life insurance to full-time employees of the Company. Payment of Plan benefits shall be made first from contributions of covered participants and then from company contributions. Benefits for covered expenses are provided directly from the Plan, through the Plan claims administrator (Group & Pension Administrators) and under the direction of the Plan Administrator (Tex-Trude, L.P.). Insurance is provided to cover large claims in the form of aggregate excess loss insurance and specific excess loss insurance.

The maximum benefit is $1,250,000 ($1,000,000 in 2011) for all years of coverage thereafter.

The following are specific deductible amounts and benefit percentages for the medical coverage for the Plan year 2012 and 2011:

Description of deductibles	Annual Amount Network	Non-Network
Individual deductible	$ 1,000	2,000
Family deductible	2,000	6,000
Out of pocket limits:		
Individual	2,500	5,000
Family	5,000	15,000

NOTE - 1 - DESCRIPTION OF THE PLAN (continued)

Benefits (continued)

Benefit percentages for covered eligible expenses

Generally 50% of eligible expenses in a calendar year up to the out-of-pocket limit for non-authorized providers.

80% of eligible expenses in a calendar year up to the reduced out-of-pocket limit for authorized provider hospitals and after co-payment for authorized provider physician office visits for Wellness Benefits and emergency room care.

Funding

The Plan agreement provides that the Plan Sponsor shall, from time to time, evaluate the costs of coverages and benefits to determine the amounts required to be contributed by the Sponsor and the participants. The Sponsor's policy is to contribute the maximum amount allowed as a tax deduction by the Internal Revenue Code. Under present law, the Sponsor is not permitted to deduct amounts for future benefits to current employees. Contributions are withheld from participants' wages or salaries and held by the Sponsor in trust until both participant and employer contributions are remitted to the Plan.

Modification and termination provisions

Although it has not expressed any intention to do so, the Plan Sponsor (Tex-Trude, L.P.) has the right under the Plan to modify the benefits provided to active participants, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, benefits would be paid from amounts contributed to the Plan in the following order:

1. Contributions of covered participants and earnings on contributions of covered participants.

2. Contributions of the Plan Sponsor and earnings on contributions of the Plan Sponsor.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with 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.

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

a. Contributions receivable

Contributions receivable from the Sponsor (Tex-Trude, L.P.) and from insurance companies (for claims over certain limits) are accrued upon receipt (by the Sponsor or the Plan supervisor) of benefit claim forms representing valid Plan liabilities for which funds have not been provided to the Plan. Contributions receivable from the Sponsor are also accrued when valid Plan liabilities other than benefit claims are incurred or which funds have not been provided by the Sponsor. Contributions receivable from the participants are accrued when funds are withheld from the participants' payroll earnings. The Plan had no contributions receivable from the Sponsor or participants at either December 31, 2012 or 2011.

b. Medical claims payable:

Medical claims payable are incurred upon receipt of benefit claim forms representing valid Plan liabilities owed to or on behalf of eligible Plan participants.

Date of Management's Review

Subsequent events were evaluated through April 30, 2015, which is the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

The carrying value of financial instruments, including cash, accounts receivable and accounts payable approximate their value due to the short term maturities of these instruments.

NOTE 4 - TAX STATUS OF RELATED TRUST

The Trust, established under the Plan agreement to hold the Plan's assets, was originally considered and intended by management to be exempt from federal income taxation under Internal Revenue Code §501(a) as an organization described in §501(c)(9), a Voluntary Employees' Beneficiary Association (VEBA). The Plan had obtained a favorable tax determination letter from the Internal Revenue Service and the Plan Sponsor continued to believe that the Plan, as amended, qualified as a §501(c)(9) VEBA. Upon further analysis, it was discovered that the trust did not qualify as a VEBA because participation in the Plan was required of all eligible employees, as opposed to being a voluntary choice of each employee and the participant employees incur a mandatory detriment (participant contributions are withheld from their compensation) as outlined in Department of the Treasury Income Tax Regulation §1.501(c)(9)2(c)(2). Therefore, the related trust is subject to federal income taxation to the extent of taxable income. The trust had no taxable income for the years ended December 31, 2012 and 2011 and consequently, owed no federal income tax for either year.

The trust has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 5 - ADMINISTRATION OF PLAN ASSETS

The Plan assets, which consist principally of cash, are held by the Trustees of the Plan.
Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain administrative expenses of the Plan (legal fees as well as accounting and auditing fees) are paid directly from the assets of the Plan Sponsor.

TEX TRUDE EMPLOYEE BENEFIT PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2012

TOTAL THAT CONSTITUTES NONEXEMPT PROHIBITED TRANSACTIONS: $212,507

PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN			CONTRIBUTIONS CORRECTED OUTSIDE VFCP		CONTRIBUTIONS PENDING CORRECTION IN VFCP
DATE CONTRIBUTION WITHHELD		AMOUNT WITHHELD	DATE REMITTED TO PLAN	AMOUNT OF REMITTANCE	PENALTY REMITTANCE FOR LOST EARNINGS & PROFITS
SALARIED PAYROLL:					
1/13/2012	$	5,143.06	1/31/2012	5,143.06	8.48
2/15/2012		5,241.23	2/28/2012	5,241.23	6.22
3/14/2012		5,241.23	3/31/2012	5,241.23	8.12
4/12/2012		5,339.40	4/30/2012	5,339.40	8.73
5/14/2012		5,339.40	5/31/2012	5,339.40	8.23
6/14/2012		5,339.40	6/30/2012	5,339.40	7.72
7/15/2012		5,241.23	7/31/2012	5,241.23	7.09
8/14/2012		4,983.44	8/31/2012	4,983.44	7.62
9/13/2012		4,983.44	9/30/2012	4,983.44	7.60
10/15/2012		4,983.44	10/31/2012	4,983.44	6.69
11/15/2012		5,143.06	11/30/2012	5,143.06	6.89
12/13/2012		5,124.70	12/30/2012	5,124.70	7.76
HOURLY PAYROLL:					
1/6/2012		3,753.71	1/31/2012	3,753.71	8.59
1/13/2012		4,092.98	1/31/2012	4,092.98	6.74
1/20/2012		4,059.89	1/31/2012	4,059.89	4.09
2/3/2012		3,993.71	2/29/2012	3,993.71	9.49
2/10/2012		4,026.80	2/29/2012	4,026.80	6.99
2/17/2012		4,059.89	2/29/2012	4,059.89	4.45
3/2/2012		4,026.80	3/31/2012	4,026.80	10.64
3/9/2012		4,059.89	3/31/2012	4,059.89	8.14
3/16/2012		4,026.80	3/31/2012	4,026.80	5.50
3/23/2012		4,026.80	3/31/2012	4,026.80	2.93

PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN		CONTRIBUTIONS CORRECTED OUTSIDE VFCP		CONTRIBUTIONS PENDING CORRECTION IN VFCP
DATE CONTRIBUTION WITHHELD	AMOUNT WITHHELD	DATE REMITTED TO PLAN	AMOUNT OF REMITTANCE	PENALTY REMITTANCE FOR LOST EARNINGS & PROFITS
4/6/2012	4,026.80	4/30/2012	4,026.80	8.79
4/13/2012	3,791.67	4/30/2012	3,791.67	5.86
4/20/2012	4,052.89	4/30/2012	4,052.89	3.68
5/4/2012	3,857.85	5/31/2012	3,857.85	9.45
5/11/2012	3,990.21	5/31/2012	3,990.21	7.23
5/18/2012	3,990.21	5/31/2012	3,990.21	4.70
6/1/2012	3,755.08	6/30/2012	3,755.08	9.85
6/8/2012	3,927.53	6/30/2012	3,927.53	7.81
6/15/2012	3,788.17	6/30/2012	3,788.17	5.14
6/22/2012	3,993.71	6/30/2012	3,993.71	2.89
7/6/2012	3,854.35	7/31/2012	3,854.35	8.69
7/13/2012	3,857.85	7/31/2012	3,857.85	6.26
7/22/2012	3,824.76	7/31/2012	3,824.76	3.79
8/3/2012	3,718.49	8/31/2012	3,718.49	9.37
8/10/2012	3,619.22	8/31/2012	3,619.22	6.84
8/17/2012	3,817.76	8/31/2012	3,817.76	4.81
8/24/2012	3,718.49	8/31/2012	3,718.49	2.34
9/7/2012	3,821.26	9/30/2012	3,821.26	7.21
9/14/2012	3,685.40	9/30/2012	3,685.40	5.29
9/21/2012	3,685.40	9/30/2012	3,685.40	2.98
10/5/2012	3,652.31	10/30/2012	3,652.31	8.18
10/12/2012	3,685.40	10/30/2012	3,685.40	5.94
10/19/2012	3,788.17	10/30/2012	3,788.17	3.73
11/2/2012	3,887.44	11/30/2012	3,887.44	9.72
11/9/2012	3,854.35	11/30/2012	3,854.35	7.23
11/16/2012	3,700.19	11/30/2012	3,700.19	4.63
12/7/2012	3,700.19	12/31/2012	3,700.19	9.89
12/14/2012	3,615.72	12/31/2012	3,615.72	5.47
12/21/2012	3,615.72	12/31/2012	3,615.72	3.22
	$ 212,506.89		212,506.89	339.70

TEX TRUDE EMPLOYEE BENEFIT PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2012

TOTAL THAT CONSTITUTES NONEXEMPT PROHIBITED TRANSACTIONS: $212,507

PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN			CONTRIBUTIONS CORRECTED OUTSIDE VFCP		CONTRIBUTIONS PENDING CORRECTION IN VFCP
DATE CONTRIBUTION WITHHELD		AMOUNT WITHHELD	DATE REMITTED TO PLAN	AMOUNT OF REMITTANCE	PENALTY REMITTANCE FOR LOST EARNINGS & PROFITS
SALARIED PAYROLL:					
1/13/2012	$	5,143.06	1/31/2012	5,143.06	8.48
2/15/2012		5,241.23	2/28/2012	5,241.23	6.22
3/14/2012		5,241.23	3/31/2012	5,241.23	8.12
4/12/2012		5,339.40	4/30/2012	5,339.40	8.73
5/14/2012		5,339.40	5/31/2012	5,339.40	8.23
6/14/2012		5,339.40	6/30/2012	5,339.40	7.72
7/15/2012		5,241.23	7/31/2012	5,241.23	7.09
8/14/2012		4,983.44	8/31/2012	4,983.44	7.62
9/13/2012		4,983.44	9/30/2012	4,983.44	7.60
10/15/2012		4,983.44	10/31/2012	4,983.44	6.69
11/15/2012		5,143.06	11/30/2012	5,143.06	6.89
12/13/2012		5,124.70	12/30/2012	5,124.70	7.76
HOURLY PAYROLL:					
1/6/2012		3,753.71	1/31/2012	3,753.71	8.59
1/13/2012		4,092.98	1/31/2012	4,092.98	6.74
1/20/2012		4,059.89	1/31/2012	4,059.89	4.09
2/3/2012		3,993.71	2/29/2012	3,993.71	9.49
2/10/2012		4,026.80	2/29/2012	4,026.80	6.99
2/17/2012		4,059.89	2/29/2012	4,059.89	4.45
3/2/2012		4,026.80	3/31/2012	4,026.80	10.64
3/9/2012		4,059.89	3/31/2012	4,059.89	8.14
3/16/2012		4,026.80	3/31/2012	4,026.80	5.50
3/23/2012		4,026.80	3/31/2012	4,026.80	2.93

PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN		CONTRIBUTIONS CORRECTED OUTSIDE VFCP		CONTRIBUTIONS PENDING CORRECTION IN VFCP
DATE CONTRIBUTION WITHHELD	AMOUNT WITHHELD	DATE REMITTED TO PLAN	AMOUNT OF REMITTANCE	PENALTY REMITTANCE FOR LOST EARNINGS & PROFITS
4/6/2012	4,026.80	4/30/2012	4,026.80	8.79
4/13/2012	3,791.67	4/30/2012	3,791.67	5.86
4/20/2012	4,052.89	4/30/2012	4,052.89	3.68
5/4/2012	3,857.85	5/31/2012	3,857.85	9.45
5/11/2012	3,990.21	5/31/2012	3,990.21	7.23
5/18/2012	3,990.21	5/31/2012	3,990.21	4.70
6/1/2012	3,755.08	6/30/2012	3,755.08	9.85
6/8/2012	3,927.53	6/30/2012	3,927.53	7.81
6/15/2012	3,788.17	6/30/2012	3,788.17	5.14
6/22/2012	3,993.71	6/30/2012	3,993.71	2.89
7/6/2012	3,854.35	7/31/2012	3,854.35	8.69
7/13/2012	3,857.85	7/31/2012	3,857.85	6.26
7/22/2012	3,824.76	7/31/2012	3,824.76	3.79
8/3/2012	3,718.49	8/31/2012	3,718.49	9.37
8/10/2012	3,619.22	8/31/2012	3,619.22	6.84
8/17/2012	3,817.76	8/31/2012	3,817.76	4.81
8/24/2012	3,718.49	8/31/2012	3,718.49	2.34
9/7/2012	3,821.26	9/30/2012	3,821.26	7.21
9/14/2012	3,685.40	9/30/2012	3,685.40	5.29
9/21/2012	3,685.40	9/30/2012	3,685.40	2.98
10/5/2012	3,652.31	10/30/2012	3,652.31	8.18
10/12/2012	3,685.40	10/30/2012	3,685.40	5.94
10/19/2012	3,788.17	10/30/2012	3,788.17	3.73
11/2/2012	3,887.44	11/30/2012	3,887.44	9.72
11/9/2012	3,854.35	11/30/2012	3,854.35	7.23
11/16/2012	3,700.19	11/30/2012	3,700.19	4.63
12/7/2012	3,700.19	12/31/2012	3,700.19	9.89
12/14/2012	3,615.72	12/31/2012	3,615.72	5.47
12/21/2012	3,615.72	12/31/2012	3,615.72	3.22
	$ 212,506.89		212,506.89	339.70

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), 6057(b), 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
TEX-TRUDE INC EMPLOYEE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 11/01/1989

2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan)

TEX-TRUDE INC

P.O. BOX 58

CHANNELVIEW TX 77530-0058

2001 SHELDON ROAD

CHANNELVIEW TX 77530

2b Employer Identification Number (EIN) 74-1159166

2c Sponsor's telephone number 281-452-5961

2d Business code (see instructions) 326100

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

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

SIGN HERE	Signature of plan administrator	09/29/2015 Date	DENNIS K. HARDING 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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Michael L. Gaus

MICHAEL L GAUS
MICHAEL GAUS, CAROL HANEY &CO.
5851 SAN FELIPE, SUITE 895
HOUSTON TX 77079

Preparer's telephone number (optional) 713 972-4336