Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BILL DORAN COMPANY EMPLOYEE SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/31/1971

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

619 W. JEFFERSON ST.
ROCKFORD, IL 61103

2b Employer Identification Number (EIN)
36-2086467

2c Sponsor's telephone number
815-965-6042

2d Business code (see instructions)
424930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2010	WILLIAM LAFEVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2010	WILLIAM LAFEVER
	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")
BILL DORAN COMPANY

619 W. JEFFERSON ST.
ROCKFORD, IL 61103

3b Administrator's EIN
36-2086467

3c Administrator's telephone number
815-965-6042

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**	338
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**	237
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	98
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	335
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
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**	258
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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 2F 2G 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
BILL DORAN COMPANY EMPLOYEE SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
BILL DORAN COMPANY

D Employer Identification Number (EIN)
36-2086467

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
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. JOHN HANCOCK USA

(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
01-0233346	65838	18840	350	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
12856	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

AXA NETWORK LLC
340 N. WISCONSIN ST.
DEPERE, WI 54115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12856			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	3292000

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
BILL DORAN COMPANY EMPLOYEE SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BILL DORAN COMPANY

D Employer Identification Number (EIN)
36-2086467

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY
PO BOX 600
BUFFALO, NY 14201-0600

01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
BILL DORAN COMPANY EMPLOYEE SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BILL DORAN COMPANY

D Employer Identification Number (EIN)
36-2086467

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	1189187

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	872960

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	625150

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	224140

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	97535

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	45665

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	36513

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24130

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18288

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10943

a Name of MTIA, CCT, PSA, or 103-12 IE: ENERGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6224

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5437

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5275

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS FINANCIAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4831

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3633

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3128

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2504

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1811

a Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1788

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1647

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1001

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 798

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 679

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 650

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT CO OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 632

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 511

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 400

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 387

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 378

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 370

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 368

a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SOCIAL EQUITY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 361

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 358

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338

a Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED ALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 333

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 322

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STRATEGIC INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 255

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230

a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65

a Name of MTIA, CCT, PSA, or 103-12 IE: AIM SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
BILL DORAN COMPANY EMPLOYEE SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BILL DORAN COMPANY

D Employer Identification Number (EIN)
36-2086467

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	1582	2041
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14973	13025
(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)	120926	99910
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2167643	3190049
(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	2305124	3305025
	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	2305124	3305025

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)	13025	
	(B) Participants	2a(1)(B)	224024	
	(C) Others (including rollovers)	2a(1)(C)	488314	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		725363
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)	6918	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6918
	(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)		727897
(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		1460178
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	434294	
(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)		434294
f Corrective distributions (see instructions)	2f		4588
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)	21320	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	75	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21395
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		460277
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		999901
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WEINBERG & CO. (2) EIN: 36-3808744

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		400000
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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
BILL DORAN COMPANY EMPLOYEE SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BILL DORAN COMPANY

D Employer Identification Number (EIN)
36-2086467

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

BILL DORAN COMPANY
Employee Savings and Retirement Plan

FINANCIAL REPORT
December 31, 2009 and 2008

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WEINBERG & CO. Camelot Tower • 1415 East State Street • Suite 608 • Rockford, Illinois 61104 • Phone (815) 964-9955 • Fax (815) 964-3601
Certified Public Accountants and Consultants

INDEPENDENT AUDITOR'S REPORT

Trustees
Bill Doran Company
Employee Savings and Retirement Plan
Rockford, Illinois

We have audited the accompanying statements of net assets available for benefits of Bill Doran Company Employee Savings and Retirement Plan as of December 31, 2009 and 2008, the related statements of changes in net assets available for benefits and the supplemental schedule for the years 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.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 7, which was certified by the custodians of the Plan, except for comparing the information with the related information included in the 2009 and 2008 financial statements and the supplemental schedules. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information in the Plan's 2009 and 2008 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of or for the years ended December 31, 2009 and 2008. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rockford, Illinois
July 12, 2010

Weinberg & Co.

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments at fair value:		
Group Annuity Contract, pooled separate accounts	$3 190 049	$2 167 643
Participant notes receivable	99 910	120 926
Employee contributions receivable	13 025	14 973
Cash	2 041	1 582
NET ASSETS AVAILABLE FOR BENEFITS	$3 305 025	$2 305 124

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

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 727 897	$(1 113 930)
Interest on participant notes receivable	6 918	5 792
	734 815	(1 108 138)
Contributions:		
Employer	13 025	14 973
Employee	224 024	226 389
Rollovers	488 314	-
Total additions	1 460 178	(866 776)
Deductions from net assets attributed to:		
Fees	21 395	20 248
Benefits paid directly to participants	434 294	325 287
Corrective distributions of contributions	4 588	750
Total deductions	460 277	346 285
Net increase (decrease)	999 901	(1 213 061)
Net assets available for benefits:		
Beginning of year	2 305 124	3 518 185
End of year	$ 3 305 025	$ 2 305 124

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

NOTE 1 - PLAN DESCRIPTION

The following description of the Bill Doran Company Employee Savings and Retirement Plan "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 defined contribution plan covering all full-time employees of Bill Doran Company "Company" who have one year of service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year the Company contributes a matching amount equal to a discretionary percentage of the participants' salary deferrals. Participants may contribute up to 15% of their annual wages before bonuses. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. 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. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her account or installments. The Plan allows any participant age 59-1/2 or greater to elect to receive distributions from any account 100% vested without requiring the participant to terminate employment.

NOTE 1 - PLAN DESCRIPTION (Continued)

Participant Notes Receivable
Participants may borrow from their fund accounts a minimum of $500 and to a maximum equal to the lesser of $50,000 or fifty percent of their vested interest. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant. Loan terms range from one to five years or up to a reasonable term for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through monthly payroll deductions.

Forfeitures
Forfeitures of contributions other than matching contributions are added to the Company's contribution under the Plan. Forfeitures of matching contributions are used to reduce the Company's matching contribution or are used to pay Plan expenses.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Date of Management's Review
Subsequent events were evaluated through July 12, 2010, which is the date the financial statements were available to be issued.

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 under the accrual method of accounting.

Investment Valuation and Income Recognition
The Plan's investments are valued at fair value except for its guaranteed investment and insurance contracts which are valued at contract value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Participant notes receivable are valued at cost which approximates fair value.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Risks and Uncertainties
The Plan invests in various mutual funds and insurance investment contracts. Investments, in general, are exposed to various risks, such as interest rates, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Payment of Benefits
Benefits are recorded when paid.

Operating Expenses
All expenses of maintaining the Plan are paid by the Company.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Group Annuity Contract, pooled separate accounts	$3,190,049	$3,190,049	$ -
Participant notes receivable	99,910	-	99,910
	$3,289,959	$3,190,049	$ 99,910
December 31, 2008			
Group Annuity Contract, pooled separate accounts	$2,167,643	$2,167,643	$ -
Participant notes receivable	120,926	-	120,926
	$2,288,569	$2,167,643	$ 120,926

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds included in the Group Annuity Contract, is based on quoted net asset values of the shares held by the Contract at year-end.

Level 3 Fair Value Measurements

The fair value of participant notes receivable approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements:

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participant Notes Receivable
December 31, 2009	
Beginning balance	$ 120,926
Issuances and settlements (net)	(21,016)
Ending balance	$ 99,910
December 31, 2008	
Beginning balance	$ 71,047
Issuances and settlements (net)	49,879
Ending balance	$ 120,926

Gains and losses (realized and unrealized) includes in changes in net assets available for benefits for the years ended December 31, 2009 and 2008, are reported in net appreciation (depreciation) in fair value of investments.

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	2009	2008
John Hancock lifestyle balanced fund, 4318 and 5379 units, respectively	$ 872,960	$ 814,711
John Hancock lifestyle growth fund, 4240 and 3969 units, respectively	1,189,187	823,773
John Hancock lifestyle aggressive fund, 783 and 757 units, respectively	224,140	158,817
John Hancock stable value fund, 100996 units	-	121,907
John Hancock lifestyle moderate fund, 3891 units	625,150	-

During 2009 and 2008, the Plan's mutual fund investments in the Group Annuity Contract (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $727,896 and ($1,113,930), respectively.

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a group annuity contract with John Hancock Life Insurance Company. John Hancock Life Insurance Company maintains the contributions in pooled separate accounts. The accounts are credited with actual earnings on the underlying investments and charged for plan withdrawals and administration expenses charged by John Hancock Life Insurance Company. The contracts are included in the financial statements at December 31, 2009 and 2008, at fair value.

NOTE 6 - PLAN TERMINATION

Although the Company has not expressed any 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.

NOTE 7 - INFORMATION CERTIFIED BY PLAN CUSTODIANS

Investments in the Group Annuity Contract and participant loans receivable (as more fully described in Note 3) included in the financial statements, were certified by the Plan's custodians, John Hancock Life Insurance Company.

NOTE 8 - INCOME TAX STATUS

The Plan's administrator obtained its latest determination letter on the prototype plan on March 26, 1990, in which the Internal Revenue Service stated that the prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM i
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT YEAR-END

December 31, 2009
36-4280141
Plan #001

THE TRUSTEES OF BILL DORAN COMPANY
EMPLOYEE SAVING AND RETIREMENT PLAN
CONTRACT NO: 18840

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2009	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2009
EE ELECTIVE DEFERRAL							
LC 2025	361.60	880.00	1,793.95	0.00	0.00	14,016.42	17,051.97
LC 2030	0.00	611.91	38.05	0.00	0.00	0.00	649.96
LS-CONSERV	60,127.04	2,364.05	4,360.77	0.00	-32,506.09	-344.01	34,001.76
LS-MODERAT	84,298.41	22,349.28	26,790.36	0.00	-697.33	1,438.07	134,178.79
LS-BALANCE	523,981.35	61,459.70	171,442.49	0.00	-102,077.51	-10,359.65	644,446.38
LS-GROWTH	660,935.29	102,247.01	235,322.85	0.00	-42,511.54	1,356.21	957,349.82
LS-AGGRESS	133,284.81	11,521.68	49,785.20	0.00	-5,386.18	-122.84	189,082.67
STBL VALUE	97,254.14	2,668.98	598.63	0.00	-7,854.05	-63,943.20	28,724.50
STRATEGIC	126.52	66.68	45.55	0.00	0.00	0.00	238.75
SPECTRUM I	147.54	76.24	36.25	0.00	0.00	0.00	260.03
REAL RTRN	5,387.10	3,182.96	1,811.54	0.00	-12,158.61	11,090.82	9,313.81
TOTAL RETN	477.48	1,017.65	-22.75	0.00	0.00	122.84	1,595.22
AF AM BAL	2,454.49	0.00	492.22	0.00	0.00	0.00	2,946.71
AF ICA	285.25	190.85	112.92	0.00	0.00	0.00	589.02
AF WASHMUT	1,446.50	0.00	259.67	0.00	0.00	0.00	1,706.17
BEACON	121.21	0.00	33.09	0.00	0.00	-26.79	127.51
TRP EQ INC	603.12	0.00	146.42	0.00	0.00	0.00	749.54
NY VENTURE	186.75	99.84	78.52	0.00	0.00	-45.84	319.27
DISCOVERY	239.66	99.84	57.74	0.00	0.00	-53.16	344.08
AF GROWTH	12,699.88	5,115.80	5,269.21	0.00	0.00	-9.73	23,075.16
JENN GRWTH	123.21	59.80	62.36	0.00	0.00	-31.07	214.30
WORLD	138.30	95.36	66.46	0.00	0.00	0.00	300.12
LG CAP VAL	439.51	199.94	85.62	0.00	0.00	-89.23	635.84
UTILITIES	531.09	99.84	40.10	0.00	-252.50	-55.56	362.97
DOMINI SOC	196.84	99.84	88.76	0.00	0.00	-49.37	336.07
GLOBAL	172.33	115.12	95.13	0.00	0.00	-10.14	372.44
BAL SHEET	3,425.18	402.74	830.40	0.00	0.00	-46.03	4,612.29
JPM MCVALU	3,609.35	502.84	921.56	0.00	-163.05	-91.86	4,778.84
VAL & REST	9.10	39.78	15.17	0.00	0.00	-4.26	59.79
SMALL GRTH	30.67	0.00	9.95	0.00	0.00	-7.08	33.54
FINANCIAL	2,630.46	302.90	1,269.28	0.00	0.00	0.00	4,202.64
DEVELP MKT	1,666.98	4,102.25	9,378.33	0.00	-267.39	63,595.74	78,475.91
ENERGY	8,829.33	1,620.00	784.85	0.00	-308.40	-5,471.53	5,454.25
OPPORTUNTY	0.00	0.00	-220.99	0.00	-3,249.84	3,618.14	147.31

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM i
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT YEAR-END

December 31, 2009
36-4280141
Plan #001

THE TRUSTEES OF BILL DORAN COMPANY
EMPLOYEE SAVING AND RETIREMENT PLAN
CONTRACT NO: 18840

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2009	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2009
RREEF	471.23	239.80	162.47	0.00	0.00	-873.50	0.00
BLUE CHIP	268.61	112.98	119.79	0.00	0.00	-501.38	0.00
LM GROWTH	1,926.67	243.90	789.98	0.00	0.00	-2,960.55	0.00
RCM TECH	133.74	78.97	85.55	0.00	0.00	-298.26	0.00
OPT VALUE	1,386.57	0.00	323.17	0.00	0.00	-20.05	1,689.69
VS ALLCPVL	23.55	99.84	24.15	0.00	0.00	-8.92	138.62
VS CAP APP	0.00	59.00	154.39	0.00	0.00	2,960.55	3,173.94
IDX TOTAL	808.76	1,199.90	479.56	0.00	0.00	-97.07	2,391.15
VS BLUCP	0.00	26.90	17.57	0.00	0.00	432.23	476.70
IDX MID	202.28	99.84	94.80	0.00	0.00	-51.98	344.94
OPT ALLCP	185.51	99.84	70.18	0.00	0.00	-45.05	310.48
VS SML VAL	221.51	99.84	83.96	0.00	0.00	-53.57	351.74
VS RESTS	0.00	55.50	84.53	0.00	0.00	785.68	925.71
VS MC ST	41.39	22.62	16.89	0.00	0.00	-10.37	70.53
VS SCTEC	0.00	17.23	17.92	0.00	0.00	298.26	333.41
LOAN SA 1	25,421.84	0.00	1,560.76	0.00	-4.82	-4,163.33	22,814.45
LOAN SA 2	17,797.74	0.00	1,123.37	0.00	-810.07	-7,730.47	10,380.57
LOAN SA 3	8,975.39	0.00	399.27	0.00	0.00	3,484.11	12,858.77
LOAN SA 4	6,979.99	0.00	205.53	0.00	0.00	-5,806.29	1,379.23
LOAN SA 6	1,019.37	0.00	53.65	0.00	0.00	-252.46	820.56
LOAN SA 7	0.00	0.00	180.00	0.00	0.00	4,102.88	4,282.88
LOAN SA 11	7,157.42	0.00	441.06	0.00	0.00	-3,665.74	3,932.74
SUBTOTAL	1,679,242.06	224,049.04	518,368.21	0.00	-208,247.38	1.61	2,213,413.54

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM i
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT YEAR-END

December 31, 2009
36-4280141
Plan #001

THE TRUSTEES OF BILL DORAN COMPANY
EMPLOYEE SAVING AND RETIREMENT PLAN
CONTRACT NO: 18840

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2009	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2009
EE ROLLOVER CONT							
LS-CONSERV	142.51	0.00	-9.42	0.00	-133.09	0.00	0.00
LS-MODERAT	3,743.34	0.00	26,330.71	0.00	0.00	441,532.94	471,606.99
LS-BALANCE	165,855.86	0.00	47,920.87	0.00	-162,500.00	50,013.56	101,290.29
LS-GROWTH	73,483.42	0.00	26,177.46	0.00	0.00	8,335.81	107,996.69
LS-AGGRESS	11,934.82	0.00	4,240.66	0.00	0.00	0.00	16,175.48
LOAN SA 1	48,876.47	0.00	2,587.87	0.00	0.00	-11,586.38	39,877.96
SUBTOTAL	304,036.42	0.00	107,248.15	0.00	-162,633.09	488,295.93	736,947.41

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM i
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT YEAR-END

December 31, 2009
36-4280141
Plan #001

THE TRUSTEES OF BILL DORAN COMPANY
EMPLOYEE SAVING AND RETIREMENT PLAN
CONTRACT NO: 18840

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2009	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2009
ER MATCHING CONTRIB							
LC 2025	0.00	0.00	128.45	0.00	0.00	1,107.54	1,235.99
LS-CONSERV	7,016.91	201.31	38.56	0.00	-5,246.52	-61.52	1,948.74
LS-MODERAT	12,364.62	1,365.75	3,770.34	0.00	0.00	0.00	17,500.71
LS-BALANCE	66,095.26	4,577.20	21,887.89	0.00	-15,693.50	-870.14	75,996.71
LS-GROWTH	75,542.56	6,476.51	27,006.54	0.00	-3,707.56	0.00	105,318.05
LS-AGGRESS	13,580.49	556.30	5,076.24	0.00	-199.64	-154.12	18,859.27
STBL VALUE	19,622.95	608.66	105.75	0.00	0.00	-17,406.54	2,930.82
STRATEGIC	6.41	6.51	3.56	0.00	0.00	0.00	16.48
SPECTRUM I	7.50	7.44	2.90	0.00	0.00	0.00	17.84
REAL RTRN	227.91	181.18	155.63	0.00	0.00	1,063.99	1,628.71
TOTAL RETN	0.00	46.54	-15.57	0.00	0.00	21.02	51.99
AF AM BAL	150.99	0.00	30.19	0.00	0.00	0.00	181.18
AF ICA	14.22	18.61	10.22	0.00	0.00	0.00	43.05
AF WASHMUT	89.22	0.00	15.92	0.00	0.00	0.00	105.14
BEACON	6.61	0.00	-2.26	0.00	0.00	0.00	4.35
TRP EQ INC	38.74	0.00	9.35	0.00	0.00	0.00	48.09
NY VENTURE	9.11	8.00	2.11	0.00	0.00	0.00	19.22
DISCOVERY	11.57	8.00	4.04	0.00	0.00	0.00	23.61
AF GROWTH	490.19	293.03	271.34	0.00	0.00	0.00	1,054.56
JENN GRWTH	6.15	4.80	4.54	0.00	0.00	0.00	15.49
WORLD	6.72	9.30	6.05	0.00	0.00	0.00	22.07
LG CAP VAL	20.32	16.00	7.21	0.00	0.00	0.00	43.53
UTILITIES	17.47	212.98	-2.94	0.00	-2.46	-200.60	24.45
DOMINI SOC	9.57	8.00	6.98	0.00	0.00	0.00	24.55
GLOBAL	8.25	10.90	8.31	0.00	0.00	0.00	27.46
BAL SHEET	486.20	48.97	127.10	0.00	0.00	0.00	662.27
JPM MCVALU	465.57	56.97	139.69	0.00	-1.81	-2.71	657.71
VAL & REST	0.00	3.20	1.76	0.00	0.00	0.00	4.96
SMALL GRTH	1.59	0.00	0.45	0.00	0.00	0.00	2.04
FINANCIAL	389.05	40.97	198.61	0.00	0.00	0.00	628.63
DEVELP MKT	14.66	23.27	1,746.25	0.00	0.00	17,092.72	18,876.90
ENERGY	1,687.49	0.00	123.73	0.00	-3.42	-1,038.51	769.29
OPPORTUNTY	0.00	0.00	0.23	0.00	0.00	6.85	7.08
RREEF	21.84	25.30	21.15	0.00	0.00	-68.29	0.00

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM i
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT YEAR-END

December 31, 2009
36-4280141
Plan #001

THE TRUSTEES OF BILL DORAN COMPANY
EMPLOYEE SAVING AND RETIREMENT PLAN
CONTRACT NO: 18840

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2009	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2009
BLUE CHIP	13.18	11.20	8.66	0.00	0.00	-33.04	0.00
LM GROWTH	274.97	40.97	120.74	0.00	0.00	-436.68	0.00
RCM TECH	6.49	9.36	7.30	0.00	0.00	-23.15	0.00
OPT VALUE	80.00	0.00	18.53	0.00	0.00	0.00	98.53
VS ALLCPVL	0.00	8.00	2.74	0.00	0.00	0.00	10.74
VS CAP APP	0.00	0.00	22.47	0.00	0.00	436.68	459.15
IDX TOTAL	19.81	62.54	30.69	0.00	0.00	0.00	113.04
VS BLUCP	0.00	0.00	1.28	0.00	0.00	33.04	34.32
IDX MID	9.75	8.00	7.27	0.00	0.00	0.00	25.02
OPT ALLCP	8.87	8.00	5.75	0.00	0.00	0.00	22.62
VS SML VAL	11.04	8.00	7.01	0.00	0.00	0.00	26.05
VS RESTS	0.00	0.00	7.09	0.00	0.00	68.29	75.38
VS MC ST	1.77	1.60	1.12	0.00	0.00	0.00	4.49
VS SCTEC	0.00	0.00	1.33	0.00	0.00	23.15	24.48
SUBTOTAL	198,836.02	14,973.37	61,132.30	0.00	-24,854.91	-442.02	249,644.76
ER PROFIT SHARING							
LS-CONSERV	22,655.95	0.00	2,034.40	0.00	-16,477.29	1,500.98	9,714.04
LS-MODERAT	1,463.18	0.00	400.62	0.00	0.00	0.00	1,863.80
LS-BALANCE	58,778.99	0.00	19,141.77	0.00	-26,693.85	0.00	51,226.91
LS-GROWTH	13,811.76	0.00	4,711.12	0.00	0.00	0.00	18,522.88
LS-AGGRESS	16.64	0.00	5.85	0.00	0.00	0.00	22.49
STBL VALUE	5,029.73	0.00	-6.20	0.00	0.00	-165.49	4,858.04
DEVELP MKT	0.00	0.00	16.44	0.00	0.00	165.49	181.93
LOAN SA 1	4,698.08	0.00	366.08	0.00	0.00	-1,500.98	3,563.18
SUBTOTAL	106,454.33	0.00	26,670.08	0.00	-43,171.14	0.00	89,953.27

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM i
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT YEAR-END

December 31, 2009
36-4280141
Plan #001

THE TRUSTEES OF BILL DORAN COMPANY
EMPLOYEE SAVING AND RETIREMENT PLAN
CONTRACT NO: 18840

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2009	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2009
UM MATCHING CONTRIB							
LS-BALANCE	0.00	0.00	0.00	-297.38	0.00	297.38	0.00
LS-AGGRESS	0.00	0.00	0.00	-133.10	0.00	133.10	0.00
UTILITIES	0.00	0.00	0.00	-3.69	0.00	3.69	0.00
JPM MCVALU	0.00	0.00	0.00	-2.71	0.00	2.71	0.00
ENERGY	0.00	0.00	0.00	-5.14	0.00	5.14	0.00
SUBTOTAL	0.00	0.00	0.00	-442.02	0.00	442.02	0.00

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM i
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT YEAR-END

December 31, 2009
36-4280141
Plan #001

THE TRUSTEES OF BILL DORAN COMPANY
EMPLOYEE SAVING AND RETIREMENT PLAN
CONTRACT NO: 18840

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2009	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2009
ACCOUNT TOTAL							
LC 2025	361.60	880.00	1,922.40	0.00	0.00	15,123.96	18,287.96
LC 2030	0.00	611.91	38.05	0.00	0.00	0.00	649.96
LS-CONSERV	89,942.41	2,565.36	6,424.31	0.00	-54,362.99	1,095.45	45,664.54
LS-MODERAT	101,869.55	23,715.03	57,292.03	0.00	-697.33	442,971.01	625,150.29
LS-BALANCE	814,711.46	66,036.90	260,393.02	-297.38	-306,964.86	39,081.15	872,960.29
LS-GROWTH	823,773.03	108,723.52	293,217.97	0.00	-46,219.10	9,692.02	1,189,187.44
LS-AGGRESS	158,816.76	12,077.98	59,107.95	-133.10	-5,585.82	-143.86	224,139.91
STBL VALUE	121,906.82	3,277.64	698.18	0.00	-7,854.05	-81,515.23	36,513.36
STRATEGIC	132.93	73.19	49.11	0.00	0.00	0.00	255.23
SPECTRUM I	155.04	83.68	39.15	0.00	0.00	0.00	277.87
REAL RTRN	5,615.01	3,364.14	1,967.17	0.00	-12,158.61	12,154.81	10,942.52
TOTAL RETN	477.48	1,064.19	-38.32	0.00	0.00	143.86	1,647.21
AF AM BAL	2,605.48	0.00	522.41	0.00	0.00	0.00	3,127.89
AF ICA	299.47	209.46	123.14	0.00	0.00	0.00	632.07
AF WASHMUT	1,535.72	0.00	275.59	0.00	0.00	0.00	1,811.31
BEACON	127.82	0.00	30.83	0.00	0.00	-26.79	131.86
TRP EQ INC	641.86	0.00	155.77	0.00	0.00	0.00	797.63
NY VENTURE	195.86	107.84	80.63	0.00	0.00	-45.84	338.49
DISCOVERY	251.23	107.84	61.78	0.00	0.00	-53.16	367.69
AF GROWTH	13,190.07	5,408.83	5,540.55	0.00	0.00	-9.73	24,129.72
JENN GRWTH	129.36	64.60	66.90	0.00	0.00	-31.07	229.79
WORLD	145.02	104.66	72.51	0.00	0.00	0.00	322.19
LG CAP VAL	459.83	215.94	92.83	0.00	0.00	-89.23	679.37
UTILITIES	548.56	312.82	37.16	-3.69	-254.96	-252.47	387.42
DOMINI SOC	206.41	107.84	95.74	0.00	0.00	-49.37	360.62
GLOBAL	180.58	126.02	103.44	0.00	0.00	-10.14	399.90
BAL SHEET	3,911.38	451.71	957.50	0.00	0.00	-46.03	5,274.56
JPM MCVALU	4,074.92	559.81	1,061.25	-2.71	-164.86	-91.86	5,436.55
VAL & REST	9.10	42.98	16.93	0.00	0.00	-4.26	64.75
SMALL GRTH	32.26	0.00	10.40	0.00	0.00	-7.08	35.58
FINANCIAL	3,019.51	343.87	1,467.89	0.00	0.00	0.00	4,831.27
DEVELP MKT	1,681.64	4,125.52	11,141.02	0.00	-267.39	80,853.95	97,534.74
ENERGY	10,516.82	1,620.00	908.58	-5.14	-311.82	-6,504.90	6,223.54
OPPORTUNTY	0.00	0.00	-220.76	0.00	-3,249.84	3,624.99	154.39

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

BILL DORAN COMPANY
EMPLOYEE SAVINGS AND RETIREMENT PLAN
SCHEDULE H, PART IV, ITEM i
SCHEDULE OF ASSETS HELD FOR INVESTMENT AT YEAR-END

December 31, 2009
36-4280141
Plan #001

THE TRUSTEES OF BILL DORAN COMPANY
EMPLOYEE SAVING AND RETIREMENT PLAN
CONTRACT NO: 18840

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2009	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2009
RREEF	493.07	265.10	183.62	0.00	0.00	-941.79	0.00
BLUE CHIP	281.79	124.18	128.45	0.00	0.00	-534.42	0.00
LM GROWTH	2,201.64	284.87	910.72	0.00	0.00	-3,397.23	0.00
RCM TECH	140.23	88.33	92.85	0.00	0.00	-321.41	0.00
OPT VALUE	1,466.57	0.00	341.70	0.00	0.00	-20.05	1,788.22
VS ALLCPVL	23.55	107.84	26.89	0.00	0.00	-8.92	149.36
VS CAP APP	0.00	59.00	176.86	0.00	0.00	3,397.23	3,633.09
IDX TOTAL	828.57	1,262.44	510.25	0.00	0.00	-97.07	2,504.19
VS BLUCP	0.00	26.90	18.85	0.00	0.00	465.27	511.02
IDX MID	212.03	107.84	102.07	0.00	0.00	-51.98	369.96
OPT ALLCP	194.38	107.84	75.93	0.00	0.00	-45.05	333.10
VS SML VAL	232.55	107.84	90.97	0.00	0.00	-53.57	377.79
VS RESTS	0.00	55.50	91.62	0.00	0.00	853.97	1,001.09
VS MC ST	43.16	24.22	18.01	0.00	0.00	-10.37	75.02
VS SCTEC	0.00	17.23	19.25	0.00	0.00	321.41	357.89
LOAN SA 1	78,996.39	0.00	4,514.71	0.00	-4.82	-17,250.69	66,255.59
LOAN SA 2	17,797.74	0.00	1,123.37	0.00	-810.07	-7,730.47	10,380.57
LOAN SA 3	8,975.39	0.00	399.27	0.00	0.00	3,484.11	12,858.77
LOAN SA 4	6,979.99	0.00	205.53	0.00	0.00	-5,806.29	1,379.23
LOAN SA 6	1,019.37	0.00	53.65	0.00	0.00	-252.46	820.56
LOAN SA 7	0.00	0.00	180.00	0.00	0.00	4,102.88	4,282.88
LOAN SA 11	7,157.42	0.00	441.06	0.00	0.00	-3,665.74	3,932.74
GRP TOTAL	2,288,568.83	239,022.41	713,418.74	-442.02	-438,906.52	488,297.54	3,289,958.98

LOAN REPAYMENTS 49,347.31

Plan Administrator:
This report has been produced from records maintained by John Hancock.
While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt.
If you find any discrepancy or have any questions, please contact your Client Service Representative immediately at 1-800-333-0963 or FAX (866)377-9577. Thank you.

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.
CASH/LAST QUARTER ACCRUAL BASIS
PRODUCTION DATE(R): DEC/31/2009

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan

Bill Doran Company Employee Savings and Retirement Plan

Employer Identification Number

36-2086467

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	John Hancock USA	JPM MIDCAP VALUE FUND		5,437
	John Hancock USA	AIM SMALL CAP GROTH		36
	John Hancock USA	ALL CAP VALUE FUND		149
	John Hancock USA	AMERICAN BALANCED FUND		3,128
	John Hancock USA	COLUMBIA VALUE & RESTRUCTURING		65
	John Hancock USA	DAVIS NEW YORK VENTURE		338
	John Hancock USA	BLACKROCK LARGE VALUE		679
	John Hancock USA	DAVIS FINANCIAL		4,831
	John Hancock USA	DOMINI SOCIAL EQUITY		361
	John Hancock USA	MUTUAL GLOBAL DISCOVERY		368
	John Hancock USA	ENERGY		6,224
	John Hancock USA	INVESTMENT CO OF AMERICA		632
	John Hancock USA	JENNISON GROWTH		230
	John Hancock USA	FRANKLIN BALANCE SHEET		5,275
	John Hancock USA	LIFECYCLE 2025		18,288
	John Hancock USA	TEMPLETON WORLD		322
	John Hancock USA	JOHN HANCOCK STABLE VAL		36,513
	John Hancock USA	LIFECYCLE 2030		650
	John Hancock USA	JOHN HANCOCK STRATEGIC INC		255
	John Hancock USA	MUTUAL BEACON		132
	John Hancock USA	LIFESTYLE AGGRESSIVE		224,140
	John Hancock USA	LIFESTYLE BALANCED		872,960
	John Hancock USA	LIFESTYLE CONSERVATIVE		45,665
	John Hancock USA	LIFESTYLE GROWTH		1,189,187
	John Hancock USA	LIFESTYLE MODERATE		625,150
	John Hancock USA	ROYCE OPPORTUNITY		154
	John Hancock USA	CAPITAL APPRECIATION FUND		3,633
	John Hancock USA	MFS UTILITIES		387
	John Hancock USA	BLUE CHIP GROWTH FUND		511
	John Hancock USA	OPPENHEIMER DEVELOPING MKT		97,535
	John Hancock USA	OPPENHEIMER GLOBAL		400
	John Hancock USA	PIMCO REAL RETURN		10,943
	John Hancock USA	PIMCO TOTAL RETURN		1,647
	John Hancock USA	OPTIMIZED ALL CAP FUND		333
	John Hancock USA	T. ROWE PRICE EQUITY INC		798
	John Hancock USA	T. ROWE PRICE SPECTRUM INC		278
	John Hancock USA	REAL EST. SECURITIES FUND		1,001
	John Hancock USA	OPTIMIZED VALUE FUND		1,788
	John Hancock USA	MID CAP INDEX FUND		370

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan

Bill Doran Company Employee Savings and Retirement Plan

Employer Identification Number

36-2086467

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	John Hancock USA	SMALL CAP VALUE FUND		378
	John Hancock USA	THE GROWTH FUND OF AMERICA		24,130
	John Hancock USA	TOTAL STOCK MARKET FUND		2,504
	John Hancock USA	WASHINGTON MUTUAL INVESTORS		1,811
	John Hancock USA	MID CAP STOCK FUND		75
	John Hancock USA	SCIENCE & TECHNOLOGY FUND		358
*	Participant Loans	5% - 9.25%		99,910