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 10/01/2008 and ending 09/30/2009

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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1994

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

6033 W CENTURY BLVD STE 500
LOS ANGELES, CA 90045-6423

2b Employer Identification Number (EIN) 95-3658973

2c Sponsor's telephone number 310-981-2000

2d Business code (see instructions) 541110

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	SCOTT TIEDEMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

LIEBERT CASSIDY WHITMORE

6033 W CENTURY BLVD STE 500
LOS ANGELES, CA 90045-6423

3b Administrator's EIN: 95-3658973

3c Administrator's telephone number: 310-981-2000

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**	138
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**	115
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	147
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	147
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

(1)	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)			**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 10/01/2008 and ending 09/30/2009

A Name of plan
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
LIEBERT CASSIDY WHITMORE

D Employer Identification Number (EIN)
95-3658973

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 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	12505	131	10/01/2008	09/30/2009

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
0	5363

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
ACTUARIAL CONSULTANTS, INC
2377 CRENSHAW BOULEVARD, SUITE 350
TORRANCE, CA 90501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4844	MARKETING FORUM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VANGUARD GROUP, INC.
455 DEVON PARK DRIVE
WAYNE, PA 19087-1815

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

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

ALLIANZ GLOBAL INV DISTRIBUTORS LLC
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105-4800

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

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	65503
5	Current value of plan's interest under this contract in separate accounts at year end	5	12863885

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	59737
c	Additions: (1) Contributions deposited during the year	7c(1)	3056		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2499		
	(4) Transferred from separate account	7c(4)	1281		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	6836
d	Total of balance and additions (add **b** and **c(6)**)			7d	66573
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1070		
	(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)	1070
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	65503

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)**	0
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)**	0
(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)**	0
(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 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 10/01/2008 and ending 09/30/2009

A Name of plan
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LIEBERT CASSIDY WHITMORE

D Employer Identification Number (EIN)
95-3658973

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: LIFECYCLE 2045

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	28926

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2040

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	283712

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2035

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	130106

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	**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	21311

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	**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	18505

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2020

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	191949

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2015

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	307281

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2010

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) 1522

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

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) 12389

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 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) 364739

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY 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) 1905

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) 220925

a Name of MTIA, CCT, PSA, or 103-12 IE: JH WEITZ PARTNERS 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) 0

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

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) 378489

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) 1188298

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

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) 121694

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) 138537

a Name of MTIA, CCT, PSA, or 103-12 IE: LM PARTNERS GLB HIGH YIELD			
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)	54760
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)	338533
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET 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)	1449685
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 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)	675034
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 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)	1437196
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 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)	346592
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 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)	147882
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)	191703
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 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)	243879
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL 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)	86516

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

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) 114535

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY SMALL CO

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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL 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) 29066

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

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) 3924

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL 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) 208623

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL 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) 168096

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

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) 5246

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) 17372

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY 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) 101653

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG PARTNERS AGG 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) 82193

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

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) 0

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

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) 51817

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC 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) 322611

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP 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) 7327

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TEMPLETON FOREIGN SMALL CO

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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANZ RCM TECH 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) 94238

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON 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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MARSICO INTL OPPS

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) 4411

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) 29935

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) 40000

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) 371492

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) 28931

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) 29685

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) 103026

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) 107995

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) 4062

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) 4609

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) 6637

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) 315064

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) 188153

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) 396079

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) 171679

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) 185839

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

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) 25149

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS RREEF REAL ESTATE

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) 63154

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) 53370

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) 20421

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) 244906

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 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) 140849

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) 720028

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) 19642

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)

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)

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)

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)

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

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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 10/01/2008 and ending 09/30/2009

A Name of plan
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIEBERT CASSIDY WHITMORE

D Employer Identification Number (EIN)
95-3658973

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	42030	3124
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	614482	711575
(2) Participant contributions	1b(2)		6547
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	11348125	12863885
(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)	59737	65503
(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	12064374	13650634
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12064374	13650634

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)	711575	
	(B) Participants	2a(1)(B)	751389	
	(C) Others (including rollovers)	2a(1)(C)	343090	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1806054
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		533098
(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		2499
d Total income. Add all **income** amounts in column (b) and enter total	2d		2341651
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	734754	
(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)		734754
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	20637	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20637
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		755391
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1586260
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: SOUSA & WEBER, LLP (2) EIN: 27-0811393

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		500000
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			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST

FINANCIAL STATEMENTS

YEAR ENDED SEPTEMBER 30, 2009



LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST

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Report of Independent Certified Public Accountants

To the Participants and Administrator of
Liebert Cassidy Whitmore Profit Sharing/401(k) Plan and Trust

We were engaged to audit the accompanying statement of net assets available for benefits of Liebert Cassidy Whitmore Profit Sharing/401(k) Plan and Trust (the "Plan") as of September 30, 2009, and the related statement of changes in net assets available for benefits for the year ended September 30, 2009 and the supplemental Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of September 30, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of September 30, 2008 were audited by other auditors. 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 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by John Hancock Life Insurance Company (U.S.A.) (the "Custodian"). Their report, dated July 10, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 summarized in note 3, which was certified by the Custodian, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the year ended September 30, 2009, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, 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.

Sousa & Weber, LLP

Hermosa Beach, California
July 13, 2010

LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2009 AND 2008

	2009	2008
ASSETS		
Non-interest bearing cash	$ 3,124	$ 42,030
Employer contributions receivable	711,575	614,482
Participant contributions receivable	6,547	-
Participant-directed investments - at fair value	12,863,885	11,348,125
Unallocated funds	65,503	59,737
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,650,634	$ 12,064,374

LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED SEPTEMBER 30, 2009

	2009
INVESTMENT INCOME	
Net appreciation in fair value of investments	$ 533,098
Interest and dividends	2,499
Net investment gain	535,597
CONTRIBUTIONS	
Employer contributions	711,575
Participant contributions	751,389
Transfers in and out	343,090
Total additions	1,806,054
DEDUCTIONS	
Benefit payments to participants	(734,754)
Trustee fees, administrative expenses, and other	(20,637)
Total deductions	(755,391)
NET INCREASE	1,586,260
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	12,064,374
End of year	$ 13,650,634

LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2009

NOTE 1 – DESCRIPTION OF PLAN

The Liebert Cassidy Whitmore Profit Sharing/401(k) Plan and Trust (the "Plan"), is a qualified defined contribution plan designed to provide both current economic security and retirement benefits to employees of Liebert Cassidy Whitmore (the "Company").

General

The Plan is a defined contribution plan covering all eligible full-time employees of the Company who are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was restated, effective October 1, 2008, as required by the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") in order to retain its qualified status. Going forward, the Plan will be restated on a six year cycle basis.

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Contributions

The Plan provides for both employer and employee contributions. Employee contributions are made by the participants at their discretion up to the IRS maximum for the applicable calendar year. Employer contributions consist of matching contributions and profit sharing contributions. On behalf of each employee who is eligible to share in matching contributions for the plan year, a matching contribution is made equal to 25% of each such employee's deferred compensation for salary reductions up to 4% of the employee's annual compensation. The Company also contributes a profit-sharing amount to the Plan which is determined annually.

Eligibility and Entry Date

Employees are eligible to make salary deferrals once they have reached the age of twenty-one and have worked at least three consecutive months and have completed 250 hours of service within that time period. If an employee has not worked at least 250 hours during first three months of employment, they will become eligible once they have completed 1,000 hours of service or 12 full calendar months of employment. Employees will be eligible to participate in the Plan by making salary deferrals on the first day of the month following the date the eligibility conditions described above are satisfied.

Employees are eligible to receive employer matching contributions and employer profit-sharing contributions once they have reached the age of twenty-one and have completed a year of service (1,000 hours during an eligibility computation period). An employee's first eligibility computation period is their first 12 months of employment; thereafter, it is the twelve months within each Plan Year (October 1 through September 30). Employees will be eligible to participate in the Plan by receiving employer matching contributions and employer profit-sharing contributions on the first day of the Plan Year or the first day of the seventh month of the Plan Year, coinciding with the date the eligibility conditions described above are satisfied.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. 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 contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. An employee's interest in employer contributions and earnings becomes vested to the extent of twenty percent (20%) after two years of continuous service, and increases by twenty percent (20%) annually for each additional year of continuous service. A participant is one hundred percent (100%) vested after six years of credited service.

Participant Loans
Participant loans are not permitted. However, participants may withdraw the employee deferred portion from their fund accounts for reasons of financial hardship, as defined by regulations issued by the Internal Revenue Service under IRC Section 401(k). The employee may not make contributions to the Plan for a period of six months following a hardship withdrawal.

Payment of Benefits
On 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 the participant's vested interest in his or her account, or under a deferred payment schedule if so elected. For terminations of service due to other reasons or payment of benefits due to financial hardships, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The portion of a participant's interest which is not vested upon the employee's break in service is forfeited. The non-vested forfeited balances are available to reduce the employer matching contribution and/or profit-sharing contribution. The cumulative amount of forfeitures available to reduce future employer contributions for the year ended September 30, 2009 was $3,124 and is included in non-interest bearing cash.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

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

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.

Expenses
Expenses of the Plan for the services of the administrator, commissions, and other expenses for the year ended September 30, 2009 have been borne by the Company.

Investments
Plan assets are invested in a variety of different mutual funds with John Hancock Life Insurance Company (U.S.A.) (the "Custodian"), and are invested based solely upon instructions received from participants. Participants can direct their employee and employer contributions among any of the investment options offered by the Plan. Participants have the ability to select different investment elections for employee and employer contributions. No assurance of actual fund performance can be given.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair 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. Dividends are recorded on the ex-dividend date.

Net appreciation/depreciation of investments is computed based on valuation of participants' accounts at the beginning of the year adjusted for purchases and sales during the year as compared to the valuation of accounts at the end of the year. The net earnings, gains and losses of the Plan fund and changes in the fair market value of the Plan's assets are to be allocated to each individual account in accordance with that ratio which the beginning balance of the accounts, less any withdrawals or payments from the accounts, plus any deposits to the accounts, bear to the aggregate balances of all accounts as of the beginning of the Plan year.

During 2009, the Plan's investment appreciation of $533,098 was entirely related to mutual funds (including realized and unrealized losses on investments purchased and sold, as well as held during the year).

NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

Information relating to the mutual funds, interest and dividend income, and change in unrealized appreciation on investments included in the Plan's financial statements, and the information contained in the supplemental schedule of assets held for investment, was prepared by the Custodian, and furnished to the Plan trustees and is unaudited. Certain information such as asset cost basis is not available from the Plan Custodian. The Plan trustees have obtained a certification from the Custodian that all information provided is complete and accurate to the best of their knowledge.

NOTE 4 – PLAN TERMINATION – PRIORITIES AND GUARANTEES

The Company reserves the right to modify, amend or terminate the Plan at any time. Upon complete discontinuance of Company contributions or the termination or partial termination of the Plan, each affected participant's account shall become non-forfeitable. Each participant's account shall be adjusted to reflect the appraised value (less contractual charges) of the Plan as performed by the trustees upon termination. Distributions to participants of the entire amount of their accounts shall be made in accordance with the normal distribution policy of the Plan.

NOTE 5 – ADMINISTRATION OF PLAN ASSETS

The trustees have the authority and duty to select the Custodian of the investment portfolio and oversee management of the Plan's assets. Subject to certain investment criteria established by the Plan trustee, a participant makes a written election to select the percentage of their account to be allocated among the various assets in the Plan portfolio. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses and audit costs are absorbed by the Company.

NOTE 6 – INVESTMENTS IN EXCESS OF FIVE PERCENT OF NET ASSETS

As of September 30, 2009, the fair value of individual investments that represented 5% or more of the Plan's net assets available for benefits were as follows:

Investments at fair value:

Money Market Fund	$ 1,449,685
John Hancock Lifestyle Balanced Fund	1,437,196
PIMCO Total Return Fund	1,188,298
Mutual Beacon Fund	720,028

NOTE 7 – CONTINGENCIES/CONCENTRATIONS

The Company operates in the employment law industry. The Company's ability to meet its obligations as plan sponsor depends on the financial stability of the Company. Certain economic conditions may affect the business viability of the Company.

NOTE 8 – INACTIVE PARTICIPANTS

At September 30, 2009, Plan assets include $77,914 allocated to accounts of terminated or retired participants who have elected to withdraw from the Plan but have not yet been paid. These inactive participants continue to earn interest, dividends and unrealized appreciation/depreciation on their account balances. No withdrawal requests had been made as of the financial statement date.

LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER: 95-3658973
PLAN NUMBER: 002
YEAR ENDED SEPTEMBER 30, 2009

(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
	10 Year Comp	Mutual Fund		$ 22,978
	3 Year Comp	Mutual Fund		21,297
	5 Year Comp	Mutual Fund		21,228
	500 Index Fund	Mutual Fund		140,849
	All Cap Growth Fund	Mutual Fund		7,327
	Allianz RCM Tech Fund	Mutual Fund		94,238
	American Balanced Fund	Mutual Fund		220,925
	EuroPacific Growth Fund	Mutual Fund		322,611
	The Growth Fund of America	Mutual Fund		171,679
	Investment Company of America	Mutual Fund		1,905
	Washington Mutual Investors	Mutual Fund		19,642
	Blackrock Large Value	Mutual Fund		6,637
	Columbia Marsico Intl Opps	Mutual Fund		4,411
	Davis New York Venture	Mutual Fund		20,421
	DFA U.S. Small Cap Fund	Mutual Fund		29,066
	Domini Social Equity	Mutual Fund		4,062
	DWS Rreef Real Estate	Mutual Fund		63,154
	Energy	Mutual Fund		191,703
	Columbia Value & Restructuring	Mutual Fund		371,492
	Franklin Balance Sheet	Mutual Fund		29,685
	International Equity Index Fund	Mutual Fund		101,653
	International Value Fund	Mutual Fund		168,096
	Intl Small Cap Fund	Mutual Fund		86,516
	Jennison Growth	Mutual Fund		396,079
	John Hancock Explorer	Mutual Fund		5,246
	John Hancock Lifecycle 2010	Mutual Fund		1,522
	John Hancock Lifecycle 2015	Mutual Fund		307,281
	John Hancock Lifecycle 2020	Mutual Fund		191,949
	John Hancock Lifecycle 2025	Mutual Fund		18,505
	John Hancock Lifecycle 2030	Mutual Fund		21,311
	John Hancock Lifecycle 2035	Mutual Fund		130,106
	John Hancock Lifecycle 2040	Mutual Fund		283,712
	John Hancock Lifecycle 2045	Mutual Fund		28,923
	John Hancock Lifecycle Retirement	Mutual Fund		12,389
	John Hancock Lifestyle Aggressive	Mutual Fund		364,739
	John Hancock Lifestyle Balanced	Mutual Fund		1,437,196
	John Hancock Lifestyle Conservative	Mutual Fund		147,882
	John Hancock Lifestyle Growth	Mutual Fund		675,034
	John Hancock Lifestyle Moderate	Mutual Fund		346,592
	Legg Partners Aggressive Growth	Mutual Fund		82,193

LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER: 95-3658973
PLAN NUMBER: 002
YEAR ENDED SEPTEMBER 30, 2009

(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
	LM Partners Global High Yield	Mutual Fund		54,761
	JPM Mid Cap Value Fund	Mutual Fund		28,931
	MFS Utilities	Mutual Fund		4,609
	Mid Cap Index Fund	Mutual Fund		103,026
	Money Market Fund	Mutual Fund		1,449,685
	Mutual Beacon	Mutual Fund		720,028
	Mutual Global Discovery	Mutual Fund		185,839
	Oppenheimer Developing Market	Mutual Fund		243,879
	Oppenheimer Global	Mutual Fund		107,995
	Optimized All Cap Fund	Mutual Fund		40,000
	Optimized Value Fund	Mutual Fund		53,370
	PIMCO Global Bond	Mutual Fund		121,694
	PIMCO Real Return	Mutual Fund		138,538
	PIMCO Total Return	Mutual Fund		1,188,298
	Short-Term Federal	Mutual Fund		378,489
	Small Cap Index Fund	Mutual Fund		208,623
	Small Cap Growth Index Fund	Mutual Fund		3,924
	Small Cap Value Fund	Mutual Fund		29,935
	T. Rowe Price Blue Chip	Mutual Fund		25,149
	T. Rowe Price Equity Inc.	Mutual Fund		244,906
	T. Rowe Price Health Science	Mutual Fund		51,817
	T. Rowe Price Science & Technology	Mutual Fund		114,535
	T. Rowe Price Spectrum Inc.	Mutual Fund		338,534
	Templeton World	Mutual Fund		188,153
	Total Stock Market Index Fund	Mutual Fund		315,064
	Mid Cap Stock Fund	Mutual Fund		17,372
	Total			$ 12,929,388

(a) An asterisk in this column on the line of each identified person known to be a party in interest.
(d) Cost information may be omitted for participant-directed or beneficiary-directed transactions under an individual account plan.

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 under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only
OMB Nos. 1210-0110
1210-0089

2008

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2008 or fiscal plan year beginning 10/01/2008 , **and ending** 09/30/2009 ,

A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) _____

B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

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

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ▶ ☒

Part II Basic Plan Information — enter all requested information.

1a Name of plan
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan (mo., day, yr.) 10/01/1994

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

6033 W CENTURY BLVD STE 500

LOS ANGELES CA 90045-6423

2b Employer Identification Number (EIN) 95-3658973

2c Sponsor's telephone number 310-981-2000

2d Business code (see instructions) 541110

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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE — Signature of plan administrator — Date 7/14/10 — SCOTT TIEDERMANN — Type or print name of individual signing as plan administrator

SIGN HERE — Signature of employer/plan sponsor/DFE — Date 7/14/10 — SCOTT TIEDERMANN — Type or print name of individual signing as employer, plan sponsor or DFE

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Official Use Only

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

ACTUARIAL CONSULTANTS INC.

2377 CRENSHAW BOULEVARD - SUITE 350

TORRANCE CA 90501

b EIN
33-0024795

c Telephone number
310-212-2600

6 Total number of participants at the beginning of the plan year	**6**	138
7 Number of participants as of the end of the plan year (welfare plans complete only lines **7a, 7b, 7c,** and **7d**)		
a Active participants	**7a**	115
b Retired or separated participants receiving benefits	**7b**	0
c Other retired or separated participants entitled to future benefits	**7c**	32
d Subtotal. Add lines **7a, 7b,** and **7c**	**7d**	147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**7e**	0
f Total. Add lines **7d** and **7e**	**7f**	147
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**7g**	136
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**7h**	9
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	**7i**	45

8 Benefits provided under the plan (complete **8a** and **8b**, as applicable)

a [X] Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2G 2J 2K 3D

b [ ] Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor



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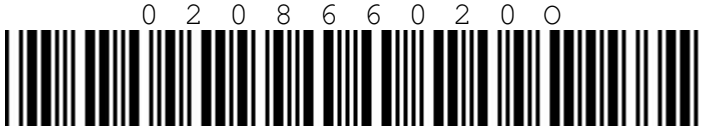


Official Use Only

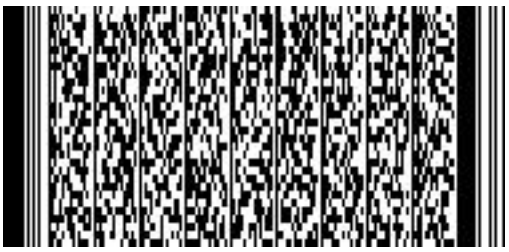
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

(1)	X	**R**	(Retirement Plan Information)
(2)		**B**	(Actuarial Information)
(3)		**E**	(ESOP Annual Information)
(4)	X	**SSA**	(Separated Vested Participant Information)

b Financial Schedules

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



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Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
LIEBERT CASSIDY WHITMORE
Number, street, and room or suite no. (If a P.O. box, see instructions)
6033 W CENTURY BLVD STE 500
City or town, state, and ZIP code
LOS ANGELES, CA 90045-6423

B **Filer's identifying number (see instructions).**
☒ Employer identification number (EIN).
95-3658973
☐ Social security number (SSN)

C	Plan name	Plan number	Plan year ending— MM	DD	YYYY
1	**LIEBERT CASSIDY WHITMORE PS/401K PLAN AND TRUST**	**0 0 2**	**09**	**30**	**2009**
2					
3					

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until **7** / **15** / **2010** to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

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.

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

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

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 , and ending 09/30/2009 ,

A Name of plan
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN

B Three-digit plan number ► 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIEBERT CASSIDY WHITMORE

D Employer Identification Number
95-3658973

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:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY (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	12505	131	10/01/2008	09/30/2009

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	5363



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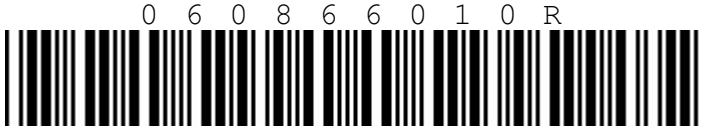


Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

ACTUARIAL CONSULTANTS, INC
2377 CRENSHAW BOULEVARD, SUITE 350
TORRANCE CA 90501

(b) Amount of commissions paid	Fees paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	4844	MARKETING FORUM	5

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

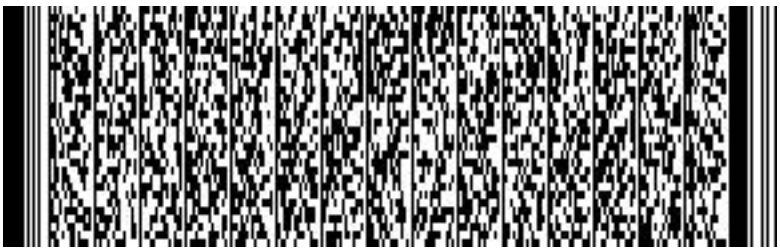
VANGUARD GROUP, INC.
455 DEVON PARK DRIVE
WAYNE PA 19087-1815

(b) Amount of commissions paid	Fees paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	500	REDEMPTION FEES	3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

ALLIANZ GLOBAL INV DISTRIBUTORS LLC
1345 AVENUE OF THE AMERICAS
NEW YORK NY 10105-4800

(b) Amount of commissions paid	Fees paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	19	REDEMPTION FEES	3



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Official Use Only

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.

3	Current value of plan's interest under this contract in the general account at year end	65503
4	Current value of plan's interest under this contract in separate accounts at year end	12863885
5	Contracts With Allocated Funds	
a	State the basis of premium rates ►	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ►	
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 ► ☐	
6	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 (specify below) ►	
b	Balance at the end of the previous year	59737
c	Additions: (1) Contributions deposited during the year	3056
	(2) Dividends and credits	
	(3) Interest credited during the year	2499
	(4) Transferred from separate account	1281
	(5) Other (specify below) ►	
	(6) Total additions	6836
d	Total of balance and additions (add **b** and **c**(6))	66573
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	1070
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below) ►	
	(5) Total deductions	1070
f	Balance at the end of the current year (subtract **e**(5) from **d**)	65503



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Official Use Only

Part III Welfare Benefit Contract Information

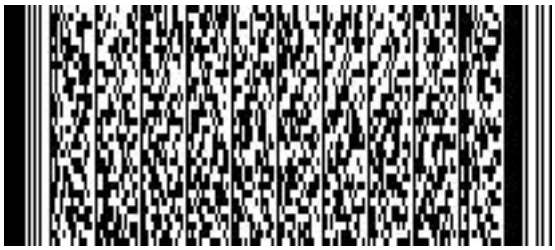
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such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

7 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) ▶

8 Experience-rated contracts		
a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		0
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		0
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
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		

Specify nature of costs ▶



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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.**

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 , and ending 09/30/2009 ,

A Name of plan or DFE
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST

B Three-digit plan number ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LIEBERT CASSIDY WHITMORE

D **Employer Identification Number**
95-3658973

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

(a) Name of MTIA, CCT, PSA, or 103-12IE LIFECYCLE 2045

(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 103-12IE at end of year (see instructions) 28926

(a) Name of MTIA, CCT, PSA, or 103-12IE LIFECYCLE 2040

(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 103-12IE at end of year (see instructions) 283712

(a) Name of MTIA, CCT, PSA, or 103-12IE LIFECYCLE 2035

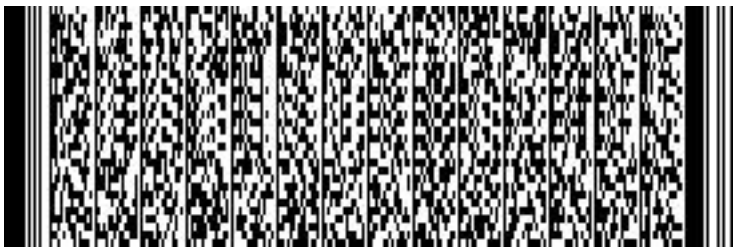
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346/000 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 130106

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 21311



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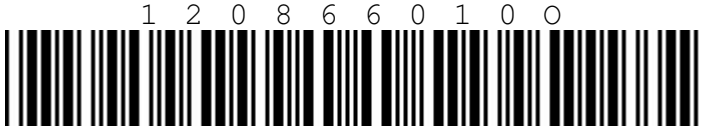

Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 18505

(a) Name of MTIA, CCT, PSA, or 103-12IE LIFECYCLE 2020

(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 103-12IE at end of year (see instructions) 191949

(a) Name of MTIA, CCT, PSA, or 103-12IE LIFECYCLE 2015

(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 103-12IE at end of year (see instructions) 307281

(a) Name of MTIA, CCT, PSA, or 103-12IE LIFECYCLE 2010

(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 103-12IE at end of year (see instructions) 1522

(a) Name of MTIA, CCT, PSA, or 103-12IE LIFECYCLE RETIREMENT

(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 103-12IE at end of year (see instructions) 12389

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

(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 103-12IE at end of year (see instructions) 364739



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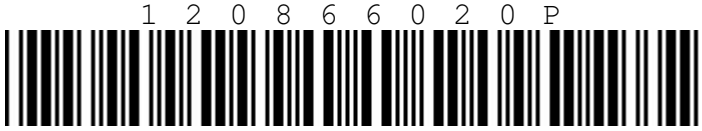


Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE LIFESTYLE 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 103-12IE at end of year (see instructions) 675034

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

(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 103-12IE at end of year (see instructions) 1437196

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

(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 103-12IE at end of year (see instructions) 346592

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

(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 103-12IE at end of year (see instructions) 147882

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

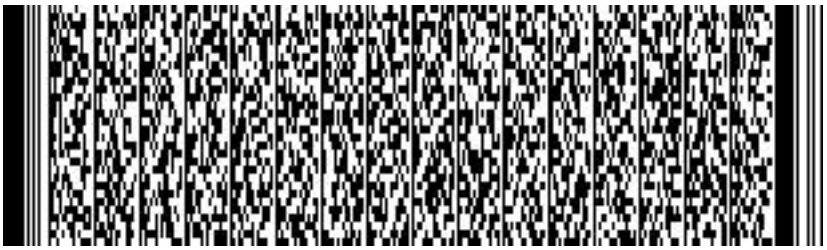
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346/000 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 191703

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

(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 103-12IE at end of year (see instructions) 243879



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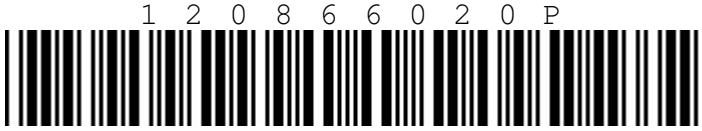


Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE INTL SMALL 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 103-12IE at end of year (see instructions) 86516

(a) Name of MTIA, CCT, PSA, or 103-12IE T. ROWE PRICE SCI & TECH

(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 103-12IE at end of year (see instructions) 114535

(a) Name of MTIA, CCT, PSA, or 103-12IE AMERICAN CENTURY SMALL CO

(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 103-12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12IE DFA U.S. SMALL 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 103-12IE at end of year (see instructions) 29066

(a) Name of MTIA, CCT, PSA, or 103-12IE SMALL CAP GROWTH INDEX

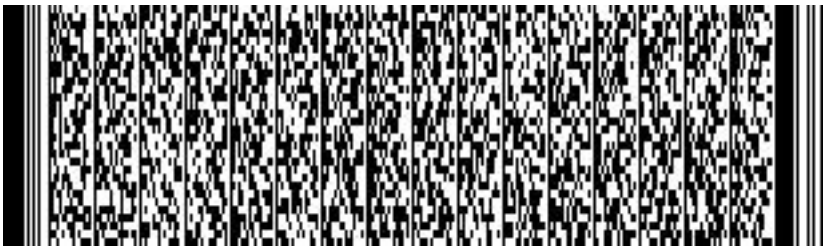
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346/000 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 3924

(a) Name of MTIA, CCT, PSA, or 103-12IE SMALL 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 103-12IE at end of year (see instructions) 208623



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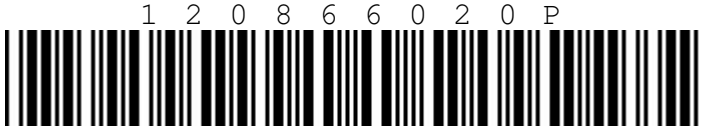

Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE INTERNATIONAL 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 103-12IE at end of year (see instructions) 168096

(a) Name of MTIA, CCT, PSA, or 103-12IE EXPLORER

(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 103-12IE at end of year (see instructions) 5246

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 17372

(a) Name of MTIA, CCT, PSA, or 103-12IE INTL EQUITY 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 103-12IE at end of year (see instructions) 101653

(a) Name of MTIA, CCT, PSA, or 103-12IE LEGG PARTNERS AGG 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 103-12IE at end of year (see instructions) 82193

(a) Name of MTIA, CCT, PSA, or 103-12IE JH AIM CONSTELLATION

(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 103-12IE at end of year (see instructions) 0

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Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE T. ROWE PRICE HEALTH SCI

(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 103-12IE at end of year (see instructions) 51817

(a) Name of MTIA, CCT, PSA, or 103-12IE EUROPACIFIC 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 103-12IE at end of year (see instructions) 322611

(a) Name of MTIA, CCT, PSA, or 103-12IE ALL CAP 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 103-12IE at end of year (see instructions) 7327

(a) Name of MTIA, CCT, PSA, or 103-12IE JH TEMPLETON FOREIGN SMALL CO

(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 103-12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12IE ALLIANZ RCM TECH FUND

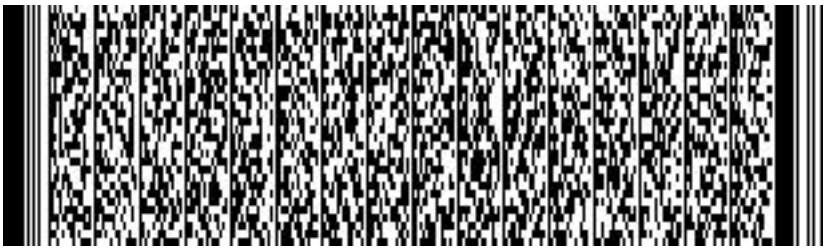
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346/000 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 94238

(a) Name of MTIA, CCT, PSA, or 103-12IE LEGG MASON 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 103-12IE at end of year (see instructions) 0



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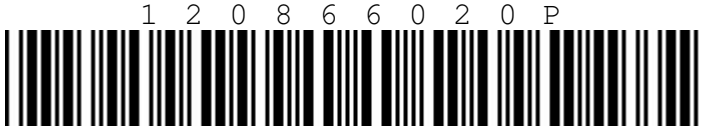


Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE COLUMBIA MARSICO INTL OPPS

(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 103-12IE at end of year (see instructions) 4411

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 29935

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 40000

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 371492

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

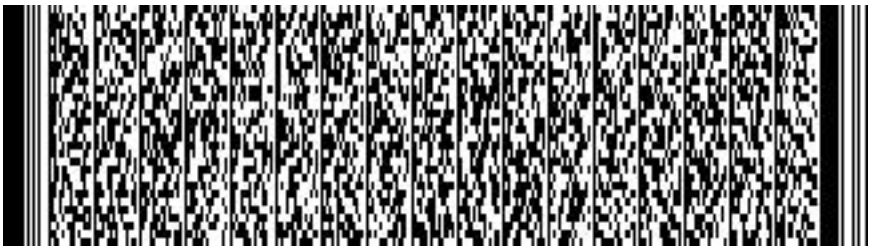
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346/000 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 28931

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 29685



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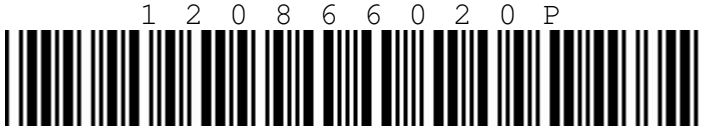

Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 103026

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 107995

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 4062

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 4609

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 6637

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 315064



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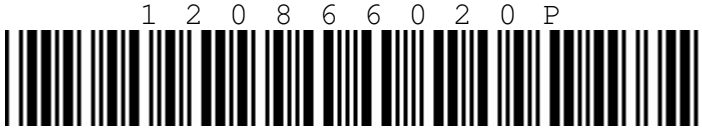

Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 188153

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 396079

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 171679

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 185839

(a) Name of MTIA, CCT, PSA, or 103-12IE T. ROWE PRICE BLUE CHIP

(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 103-12IE at end of year (see instructions) 25149

(a) Name of MTIA, CCT, PSA, or 103-12IE DWS RREEF REAL ESTATE

(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 103-12IE at end of year (see instructions) 63154

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Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 53370

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 20421

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 244906

(a) Name of MTIA, CCT, PSA, or 103-12IE 500 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 103-12IE at end of year (see instructions) 140849

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

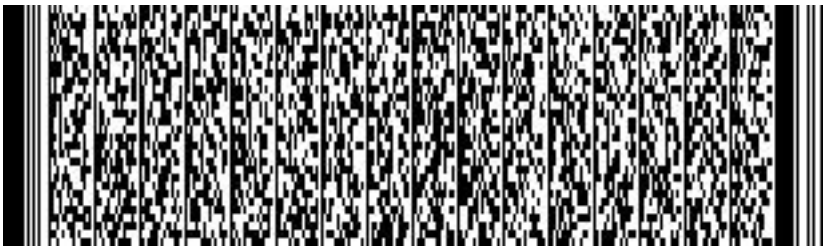
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346/000 **(d)** Entity code P **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 720028

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 19642



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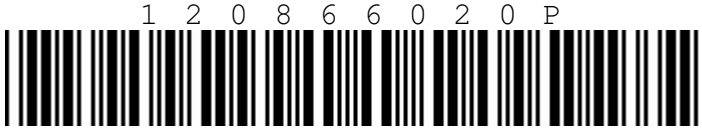

Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE INVESTMENT COMPANY 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 103-12IE at end of year (see instructions) 1905

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 220925

(a) Name of MTIA, CCT, PSA, or 103-12IE JH WEITZ PARTNERS 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 103-12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12IE SHORT-TERM FEDERAL

(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 103-12IE at end of year (see instructions) 378489

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 1188298

(a) Name of MTIA, CCT, PSA, or 103-12IE PIMCO GLOBAL BOND

(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 103-12IE at end of year (see instructions) 121694



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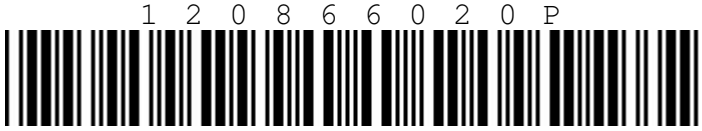

Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 138537

(a) Name of MTIA, CCT, PSA, or 103-12IE LM PARTNERS GLB HIGH YIELD

(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 103-12IE at end of year (see instructions) 54760

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 338533

(a) Name of MTIA, CCT, PSA, or 103-12IE MONEY MARKET 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 103-12IE at end of year (see instructions) 1449685

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

(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 103-12IE at end of year (see instructions)

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

(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 103-12IE at end of year (see instructions)

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

(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 _____

(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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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.**

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar year 2008 or fiscal plan year beginning 10/01/2008 , and ending 09/30/2009 ,

A Name of plan
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN

B Three-digit plan number ► 002

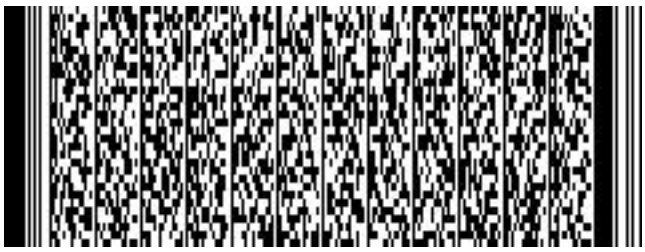
C Plan sponsor's name as shown on line 2a of Form 5500
LIEBERT CASSIDY WHITMORE

D Employer Identification Number
95-3658973

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	a	42030	3124
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)	614482	711575
(2) Participant contributions	b(2)		6547
(3) Other	b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts and certificates of deposit)	c(1)		
(2) U.S. Government securities	c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)(A)		
(B) All others	c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)(A)		
(B) Common	c(4)(B)		
(5) Partnership/joint venture interests	c(5)		
(6) Real estate (other than employer real property)	c(6)		
(7) Loans (other than to participants)	c(7)		
(8) Participant loans	c(8)		
(9) Value of interest in common/collective trusts	c(9)		
(10) Value of interest in pooled separate accounts	c(10)	11348125	12863885
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)		
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)	59737	65503
(15) Other	c(15)		



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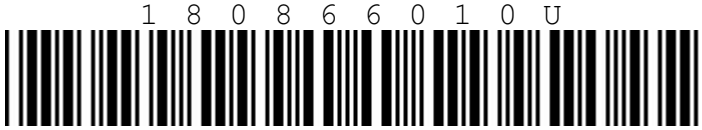

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		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	d(1)		
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f	12064374	13650634
Liabilities			
g Benefit claims payable	g		
h Operating payables	h		
i Acquisition indebtedness	i		
j Other liabilities	j		
k Total liabilities (add all amounts in lines 1g through 1j)	k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	l	12064374	13650634

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	a(1)(A)	711575	
(B) Participants	a(1)(B)	751389	
(C) Others (including rollovers)	a(1)(C)	343090	
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	a(3)		1806054
b Earnings on Investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)		
(B) U.S. Government securities	b(1)(B)		
(C) Corporate debt instruments	b(1)(C)		
(D) Loans (other than to participants)	b(1)(D)		
(E) Participant loans	b(1)(E)		
(F) Other	b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	b(2)(A)		
(B) Common stock	b(2)(B)		
(C) Total dividends. Add lines **2b(2)(A)** and **(B)**	b(2)(C)		0
(3) Rents	b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	b(4)(A)		
(B) Aggregate carrying amount (see instructions)	b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result.	b(4)(C)		0

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		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)		
(B) Other	b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	b(6)		
(7) Net investment gain (loss) from pooled separate accounts	b(7)		533098
(8) Net investment gain (loss) from master trust investment accounts	b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)		
c Other income	c		2499
d Total income. Add all **income** amounts in column (b) and enter total	d		2341651
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	734754	
(2) To insurance carriers for the provision of benefits	e(2)		
(3) Other	e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	e(4)		734754
f Corrective distributions (see instructions)	f		
g Certain deemed distributions of participant loans (see instructions)	g		
h Interest expense	h		
i Administrative expenses: (1) Professional fees	i(1)		
(2) Contract administrator fees	i(2)		
(3) Investment advisory and management fees	i(3)		
(4) Other	i(4)	20637	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	i(5)		20637
j Total expenses. Add all **expense** amounts in column (b) and enter total	j		755391
Net Income and Reconciliation			
k Net income (loss) (subtract line 2j from line 2d)	k		1586260
l Transfers of assets			
(1) To this plan	l(1)		
(2) From this plan	l(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)** ☒ Disclaimer **(4)** ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) ▶ 27-0811393
SOUSA & WEBER, LLP

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.

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Part IV Transactions During Plan Year

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

During the plan year:		Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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)	**b**		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)	**c**		X	
d Were there any nonexempt transaction with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)	**d**		X	
e Was this plan covered by a fidelity bond?	**e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**f**		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?	**g**		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?	**h**		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)	**i**	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)	**j**		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?	**k**		X	

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

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

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

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Official Use Only

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 sections 104 and 4065 of the Employee Retirement 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

2008

This Form is Open to Public Inspection.

For calendar year 2008 or fiscal plan year beginning 10/01/2008 , and ending 09/30/2009 ,

A Name of plan	**B** Three-digit plan number ►
LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number
LIEBERT CASSIDY WHITMORE	95-3658973

Part I Distributions

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	**1** $ 0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 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 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 7.

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 ► 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.

6a	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 7 and 8 and complete line 9.

7 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

8 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. (See instructions) ☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See Instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ☒ the ratio percentage test ☐ average benefit test

2 2 0 8 6 6 0 1 0 P

LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER: 95-3658973
PLAN NUMBER: 002
YEAR ENDED SEPTEMBER 30, 2009

(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
	10 Year Comp	Mutual Fund		$ 22,978
	3 Year Comp	Mutual Fund		21,297
	5 Year Comp	Mutual Fund		21,228
	500 Index Fund	Mutual Fund		140,849
	All Cap Growth Fund	Mutual Fund		7,327
	Allianz RCM Tech Fund	Mutual Fund		94,238
	American Balanced Fund	Mutual Fund		220,925
	EuroPacific Growth Fund	Mutual Fund		322,611
	The Growth Fund of America	Mutual Fund		171,679
	Investment Company of America	Mutual Fund		1,905
	Washington Mutual Investors	Mutual Fund		19,642
	Blackrock Large Value	Mutual Fund		6,637
	Columbia Marsico Intl Opps	Mutual Fund		4,411
	Davis New York Venture	Mutual Fund		20,421
	DFA U.S. Small Cap Fund	Mutual Fund		29,066
	Domini Social Equity	Mutual Fund		4,062
	DWS Rreef Real Estate	Mutual Fund		63,154
	Energy	Mutual Fund		191,703
	Columbia Value & Restructuring	Mutual Fund		371,492
	Franklin Balance Sheet	Mutual Fund		29,685
	International Equity Index Fund	Mutual Fund		101,653
	International Value Fund	Mutual Fund		168,096
	Intl Small Cap Fund	Mutual Fund		86,516
	Jennison Growth	Mutual Fund		396,079
	John Hancock Explorer	Mutual Fund		5,246
	John Hancock Lifecycle 2010	Mutual Fund		1,522
	John Hancock Lifecycle 2015	Mutual Fund		307,281
	John Hancock Lifecycle 2020	Mutual Fund		191,949
	John Hancock Lifecycle 2025	Mutual Fund		18,505
	John Hancock Lifecycle 2030	Mutual Fund		21,311
	John Hancock Lifecycle 2035	Mutual Fund		130,106
	John Hancock Lifecycle 2040	Mutual Fund		283,712
	John Hancock Lifecycle 2045	Mutual Fund		28,923
	John Hancock Lifecycle Retirement	Mutual Fund		12,389
	John Hancock Lifestyle Aggressive	Mutual Fund		364,739
	John Hancock Lifestyle Balanced	Mutual Fund		1,437,196
	John Hancock Lifestyle Conservative	Mutual Fund		147,882
	John Hancock Lifestyle Growth	Mutual Fund		675,034
	John Hancock Lifestyle Moderate	Mutual Fund		346,592
	Legg Partners Aggressive Growth	Mutual Fund		82,193

LIEBERT CASSIDY WHITMORE
PROFIT SHARING/401(k) PLAN AND TRUST
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER: 95-3658973
PLAN NUMBER: 002
YEAR ENDED SEPTEMBER 30, 2009

(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
	LM Partners Global High Yield	Mutual Fund		54,761
	JPM Mid Cap Value Fund	Mutual Fund		28,931
	MFS Utilities	Mutual Fund		4,609
	Mid Cap Index Fund	Mutual Fund		103,026
	Money Market Fund	Mutual Fund		1,449,685
	Mutual Beacon	Mutual Fund		720,028
	Mutual Global Discovery	Mutual Fund		185,839
	Oppenheimer Developing Market	Mutual Fund		243,879
	Oppenheimer Global	Mutual Fund		107,995
	Optimized All Cap Fund	Mutual Fund		40,000
	Optimized Value Fund	Mutual Fund		53,370
	PIMCO Global Bond	Mutual Fund		121,694
	PIMCO Real Return	Mutual Fund		138,538
	PIMCO Total Return	Mutual Fund		1,188,298
	Short-Term Federal	Mutual Fund		378,489
	Small Cap Index Fund	Mutual Fund		208,623
	Small Cap Growth Index Fund	Mutual Fund		3,924
	Small Cap Value Fund	Mutual Fund		29,935
	T. Rowe Price Blue Chip	Mutual Fund		25,149
	T. Rowe Price Equity Inc.	Mutual Fund		244,906
	T. Rowe Price Health Science	Mutual Fund		51,817
	T. Rowe Price Science & Technology	Mutual Fund		114,535
	T. Rowe Price Spectrum Inc.	Mutual Fund		338,534
	Templeton World	Mutual Fund		188,153
	Total Stock Market Index Fund	Mutual Fund		315,064
	Mid Cap Stock Fund	Mutual Fund		17,372
	Total			$ 12,929,388

(a) An asterisk in this column on the line of each identified person known to be a party in interest.
(d) Cost information may be omitted for participant-directed or beneficiary-directed transactions under an individual account plan.