Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GLECO PLATING, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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

2220 GRISHAM
ROWLETT, TX 75088

2b Employer Identification Number (EIN) 75-1665030

2c Sponsor's telephone number 972-475-4300

2d Business code (see instructions) 332810

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.	07/21/2010	JEFF FODGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2010	JEFF FODGE
	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")
GLECO PLATING, INC.

2220 GRISHAM
ROWLETT, TX 75088

3b Administrator's EIN
75-1665030

3c Administrator's telephone number
972-475-4300

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**	13
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**	11
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	14
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	14
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	9
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)			**H** (Financial Information)
(2)	X		**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

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

A Name of plan
GLECO PLATING, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
GLECO PLATING, INC.

D Employer Identification Number (EIN)
75-1665030

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY 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	52404	9	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1014	0

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

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

JEFF ATWELL
3007 MEADOWBROOK DR
MIDLAND, TX 79705

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1014			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	392035

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	328356
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	328356
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	328356

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
GLECO PLATING, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GLECO PLATING, INC.

D Employer Identification Number (EIN)
75-1665030

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO 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)
01-0233346-001	P	213930

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO 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)
01-0233346-001	P	8886

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO 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)
01-0233346-001	P	44741

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO 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)
01-0233346-001	P	124478

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)

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

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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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

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
GLECO PLATING, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GLECO PLATING, INC.

D Employer Identification Number (EIN)
75-1665030

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	**1a**	328356	397414
b	Total plan liabilities	**1b**		
c	Net plan assets (subtract line 1b from line 1a)	**1c**	328356	397414
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	**2a(1)**		
	(2) Participants	**2a(2)**	32398	
	(3) Others (including rollovers)	**2a(3)**		
b	Noncash contributions	**2b**		
c	Other income	**2c**	36660	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	**2d**		69058
e	Benefits paid (including direct rollovers)	**2e**		
f	Corrective distributions (see instructions)	**2f**		
g	Certain deemed distributions of participant loans (see instructions)	**2g**		
h	Administrative service providers (salaries, fees, and commissions)	**2h**		
i	Other expenses	**2i**		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	**2j**		0
k	Net income (loss) (subtract line 2j from line 2d)	**2k**		69058
l	Transfers to (from) the plan (see instructions)	**2l**		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	**3a**		X	
b	Employer real property	**3b**		X	
c	Real estate (other than employer real property)	**3c**		X	
d	Employer securities	**3d**		X	
e	Participant loans	**3e**		X	

		Yes	No	Amount
3f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

4 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e		X	
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
GLECO PLATING, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GLECO PLATING, INC.

D Employer Identification Number (EIN)
75-1665030

Part I Distributions

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

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

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Retirement Plan Services, ET9
P.O. Box 600
Buffalo NY 14201-0600

JANUARY 25, 2010

Plan Administrator
THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
2220 GRISHAM ROAD

ROWLETT TX 75088

Dear Plan Administrator:

INFORMATION AND SUGGESTIONS FOR COMPLETING SCHEDULE A OF YOUR ANNUAL FORM 5500 REPORT FILING

We are pleased to supply you with information you will need to complete Form 5500 Series Schedule A - Insurance Information, which is generally required when any plan benefits or investments are provided by an insurance company. Some plans may be exempt from completing in full or filing Schedule A information. If applicable, the Schedule A information Form must be filed with the Employee Benefits Security Administration (EBSA) within 7 months following the end of the plan year. To determine if this applies to your plan, please refer to the IRS Instructions for Form 5500, which can be accessed at www/dol.gov/ebsa. As in all technical matters, we recommend that you seek professional assistance in your Annual Report filing.

The attached statement reflects the status of your group annuity contract with us at the end of the reporting year. If the activity reflected on this statement is for a period other than your plan year, the attached information must be retained and reflected on the Schedule A Form filed for the plan year in which the contract reporting year ended. No attempt should be made to balance these figures on Form 5500 or 5500-EZ.

John Hancock Life Insurance Company (U.S.A.)("John Hancock") has established a program called the Forum. The program participants are select third party administration firms (TPAs). If a TPA is a Forum member, they may be eligible for payments from John Hancock which are designed to compensate the TPA for consulting with John Hancock and/or assist the TPA in the design, set-up and administration of John Hancock contracts. The amount reflected in the "Insurance Fee and Commission Information" section under TPA Compensation is the pro-rated portion of these Forum payments. These payments do not result in any additional charges or fees with respect to the assets invested under the John Hancock contract.

Amounts paid and the name of agents, brokers or other entities to whom commissions or fees were paid in connection with the John Hancock contract are reported on separate lines in the "Insurance Fee and Commission Information" section. In addition, if applicable, fees paid to underlying fund companies for early redemption of shares are totaled and accompanied by an Appendix listing the amount of redemption fees paid to each fund company. Fund company address information is available at www.jhpensions.com/er on the Investment Options Page under the "Important Information about underlying mutual funds" link.

For contractholders utilizing John Hancock's loan recordkeeping services, the plan's amortization schedule may not agree exactly with loan information reported in John Hancock reports. In the event that there is a discrepancy between loan account information reflected on John Hancock reports and the plan's amortization schedule, assuming all loan payments have been made in compliance with the amortization schedule, the amortization schedule will take precedence.

Under Statement of Position No. 94-4-1, issued by the American Institute of Certified Public Accountants, investment contracts that are not "fully benefit responsive" are to be reported at "fair value" and not "contract value". The John Hancock group annuity contract is not "fully benefit responsive" for contractholders investing in guaranteed interest accounts. For 2009 contract reporting years and thereafter, year-end values for guaranteed interest accounts are reported at both contract and fair market value. For reporting periods before that, only contract value is provided, but a Fair Market Value Report for guaranteed interest accounts can be requested from your Client Account Representative.

Regarding the John Hancock Stable Value Fund:
For contractholders who are eligible for and investing in the above fund, additonal filing information for Schedule H filers is included in our Frequently Asked Questions booklet of our annual Audit Package, available from your Client Account Representative or posted under Your Resources-Fiduciary Resources at www.jhpensions.com/er.

To facilitate cash-basis annual report filing, this report summarizes all transactions processed as at the contract year-end and includes a cash account balance, if applicable. Please note that it may include contributions credited in the contract reporting year but attributable to a different year. The John Hancock Plan Administrator Report for the same reporting period provides a transaction summary of all contribution amounts applicable for the contract year regardless of the date processed, and may be consulted if the plan's Form 5500 is prepared on an accounting basis other than cash (for example, accrual). Please see the Frequently Asked Questions booklet of our annual Audit Package for more information.

This report has been produced from records maintained by John Hancock, based on information provided by or on behalf of the plan sponsor. While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Account Representative immediately at 1-800-333-0963 or forward your questions via fax to (866)377-9577.

This Schedule A Information is reported on Cash basis.

John Hancock

INFORMATION TO COMPLETE FORM 5500 SCHEDULE A

FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN

This report reflects the status of your plan's group annuity contract at the end of the contract reporting year and summarizes the financial activity in the contract during that period.

Please note: The information below is prepared on a cash basis and includes all contributions credited in the contract reporting year, even if attributable to a different year. If your Form 5500 is prepared on an accounting basis other than cash, you may need to refer to other documents or John Hancock reports in completing your annual filing for plan assets held under this contract.

A. Name of Insurance Carrier: John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA")
John Hancock USA's EIN: 01-0233346 NAIC CODE: 65838

B. Number of participants covered under the contract on DEC/31/2009: 8

C. Reporting year: JAN/01/2009 to DEC/31/2009

D. Insurance Fee and Commission Information:

Name of agents, brokers or other persons to whom commissions or fees were paid:			Amount of Commissions or Fees Paid:
Broker Commission	JEFF	ATWELL	$1014.49

E. Contract Assets at the end of the previous contract year:

		Contract Value
(i)	In Guaranteed Interest Accounts	$0.00
(ii)	In sub-accounts	$328356.32
(iii)	In loan security accounts	$0.00
	Total	$328356.32

F. Type of Unallocated Contract: Group Annuity

ADDITIONS TO GUARANTEED INTEREST ACCOUNTS (NON SUB-ACCOUNTS)

G. Contributions credited for the reporting year: $0.00

H. Interest credited to Guaranteed Interest Accounts during the reporting year: $0.00

I. Amounts transferred from sub-accounts to Guaranteed Interest Accounts: $0.00

J. Other additions to Guaranteed Interest Accounts:

(i) Amount of positive market value adjustment $0.00

(ii)	Loan Repayments		$0.00

K. Total additions (sum of Items G through J): $0.00

DEDUCTIONS FROM GUARANTEED INTEREST ACCOUNTS (NON SUB-ACCOUNTS):

L. Disbursed from Guaranteed Interest Accounts for:

(i)	Plan Withdrawals	$0.00	
(ii)	Participant Loans	$0.00	
(iii)	Cash account as unvested money	$0.00	
(iv)	A new John Hancock USA contract	$0.00	

	Total		$0.00

M. Fees deducted from Guaranteed Interest Accounts for:

(i)	Contract administration fees	$0.00	
(ii)	Third Party Administrator fees	$0.00	
(iii)	RIA investment advisory fees	$0.00	
(iv)	Loan Adjustments	$0.00	

	Total		$0.00

N. Amounts transferred or deposited to sub-accounts: $0.00

O. Amount of negative market value adjustment to Guaranteed Interest Account(s): $0.00

P. Total deductions from Guaranteed Interest Accounts (sum of Items L through O): $0.00

Q. Contract Assets at the end of the current reporting year:

		Contract Value	Fair Market Value
(i)	In Guaranteed Interest Accounts	$0.00	$0.00
(ii)	In sub-accounts	$392034.51	$392034.51
(iii)	In Loan Security Accounts	$0.00	$0.00
(iv)	In Cash Account	$0.00	$0.00
		---	---
	Total	$392034.51	$392034.51

This report has been produced from records maintained by John Hancock. While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Account Representative immediately at 1-800-333-0963 or forward your questions via fax no. (866)377-9577. Thank you

Cash Production Date(R): JAN/25/2010



Retirement Plan Services, ET9
P.O. Box 600
Buffalo NY 14201-0600

JANUARY 25, 2010

Dear Plan Administrator:

Re: STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

In accordance with Regulation 2520.103-5 of the Department of Labor, we must provide you with a certified statement each year reflecting the following information:

(i) the total of all assets and liabilities of each sub-account into which you have deposited money (second column on the attached report), and

(ii) the value of your contract's units in the sub-accounts (fourth column on the attached report).

The attached statement shows the appropriate sub-account values as of December 31, 2009 (our most recent fiscal year). This statement must be used to complete your plan's 2009 Form 5500 series filing.

If you have any questions, please call your Client Account Representative at 1-800-333-0963 or forward your questions via Fax no. (866)377-9577.



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
Lifecycle Retirement	$ 0.00	.000000	$ 0.00
Lifecycle 2010	$ 416508218.33	.000000	$ 0.00
Lifecycle 2015	$ 360859542.46	.000000	$ 0.00
Lifecycle 2020	$ 499718571.49	.000000	$ 0.00
Lifecycle 2025	$ 520650683.63	.000000	$ 0.00
Lifecycle 2030	$ 428549744.27	.000000	$ 0.00
Lifecycle 2035	$ 329141517.55	.000000	$ 0.00
Lifecycle 2040	$ 238817773.08	.000000	$ 0.00
Lifecycle 2045	$ 232051562.00	.000000	$ 0.00
Russell Conservative	$ 20970084.28	.000000	$ 0.00
Russell Moderate	$ 39243187.84	.000000	$ 0.00
Russell Balanced	$ 169583591.36	.000000	$ 0.00
Russell Growth	$ 147354515.17	.000000	$ 0.00
Russell Equity Growth	$ 50736709.57	.000000	$ 0.00
Lifestyle Conservative	$ 1847759319.18	.000000	$ 0.00
Lifestyle Moderate	$ 2392496867.13	.000000	$ 0.00
Lifestyle Balanced	$ 8226552466.42	.000000	$ 0.00
JH Dreyfus Premier Core Bond	$ 0.00	.000000	$ 0.00
Lifestyle Growth	$ 8606517480.48	762.703316	$ 213929.71
JH Money Market	$ 0.00	.000000	$ 0.00
Lifestyle Aggressive	$ 2954097761.55	.000000	$ 0.00
Manulife Balanced	$ 0.00	.000000	$ 0.00
JH AmCent Mason Select Bnd	$ 0.00	.000000	$ 0.00
John Hancock Stable Val	$ 1318684453.15	.000000	$ 0.00
US Government Securities	$ 32718133.32	.000000	$ 0.00
The Bond Fund of America	$ 8563447.30	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2009
Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
JH AmCent Strat Alloc Moder	$ 0.00	.000000	$ 0.00
Capital World Bond Fund	$ 7765059.92	.000000	$ 0.00
John Hancock Strategic Inc	$ 75597453.86	.000000	$ 0.00
JH AmCent Mason High Yield Bnd	$ 0.00	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 244471141.77	.000000	$ 0.00
Oppenheimer Intl Bond	$ 41822180.43	.000000	$ 0.00
LM Partners Glb High Yield	$ 230268562.62	.000000	$ 0.00
PIMCO Real Return	$ 237585548.02	.000000	$ 0.00
JH AmCent Equity Index Fund	$ 0.00	.000000	$ 0.00
PIMCO Global Bond	$ 135383030.12	.000000	$ 0.00
PIMCO Total Return	$ 1230325440.88	.000000	$ 0.00
Short-Term Federal	$ 426909244.05	.000000	$ 0.00
American High-Income Fund	$ 14140935.07	.000000	$ 0.00
JH Fidelity Advisor Div Grwth	$ 0.00	.000000	$ 0.00
Managers AMG FQ Global Alt	$ 1229585.40	.000000	$ 0.00
PIMCO All Asset	$ 78059970.68	.000000	$ 0.00
American Balanced Fund	$ 469644243.71	428.208113	$ 8886.34
Investment Company of America	$ 187863830.73	.000000	$ 0.00
BlackRock Global Allocation	$ 98915281.99	.000000	$ 0.00
Washington Mutual Investors	$ 157117092.92	.000000	$ 0.00
Income Fund of America	$ 12195615.64	.000000	$ 0.00
JH Legg Part Small Cap Value	$ 0.00	.000000	$ 0.00
Pax World Balanced Fund	$ 908.93	.000000	$ 0.00
Mutual Beacon	$ 452507883.24	.000000	$ 0.00
Capital Income Builder	$ 15833893.00	.000000	$ 0.00
Value Index Fund	$ 17720567.68	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
T. Rowe Price Equity Inc	$ 267668152.04	.000000	$ 0.00
Manulife Capital Growth Stock	$ 0.00	.000000	$ 0.00
JH Fidelity Advisor Large Cap	$ 0.00	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 20258546.30	.000000	$ 0.00
Davis New York Venture	$ 634536217.09	.000000	$ 0.00
FT Founding Allocation	$ 14137576.74	.000000	$ 0.00
JH MFS Strategic Value	$ 0.00	.000000	$ 0.00
JH Weitz Partners Value	$ 0.00	.000000	$ 0.00
RiverSource Equity Value	$ 6477822.50	.000000	$ 0.00
Manulife Growth Plus Stock	$ 0.00	.000000	$ 0.00
Mutual Global Discovery	$ 398276854.53	.000000	$ 0.00
JH AmCent Select Fund	$ 0.00	.000000	$ 0.00
Fidelity ContraFund	$ 279180696.53	345.069582	$ 44740.68
Eaton Vance Large-Cap Value	$ 24209739.03	.000000	$ 0.00
The Growth Fund of America	$ 900704125.88	.000000	$ 0.00
JH Lord Abbett All Value	$ 0.00	.000000	$ 0.00
Jennison Growth	$ 132704060.35	.000000	$ 0.00
Growth Index Fund	$ 16409904.01	.000000	$ 0.00
JH John Hancock U.S. Gbl Lead	$ 0.00	.000000	$ 0.00
Templeton World	$ 150118485.68	.000000	$ 0.00
BlackRock Large Value	$ 124398653.66	.000000	$ 0.00
JH T. Rowe Price Mid-Cap Val	$ 0.00	.000000	$ 0.00
JH Scudder Intl Select Equity	$ 0.00	.000000	$ 0.00
MFS Utilities	$ 217827828.82	.000000	$ 0.00
JH John Hancock Value Opps	$ 0.00	.000000	$ 0.00
JH AIM Mid Cap Core Equity	$ 0.00	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
JH Fidelity Advisor Overseas	$ 0.00	.000000	$ 0.00
Domini Social Equity	$ 64485950.34	.000000	$ 0.00
Parnassus Equity Income	$ 2869628.27	.000000	$ 0.00
JH Templeton Foreign	$ 0.00	.000000	$ 0.00
JH Munder Small-Cap Value	$ 0.00	.000000	$ 0.00
Oppenheimer Global	$ 206398988.40	.000000	$ 0.00
John Hancock Classic Value	$ 0.00	.000000	$ 0.00
Mass Investors Fund	$ 2435515.87	.000000	$ 0.00
Dreyfus Structured Mid Cap	$ 7452095.43	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 137499638.30	.000000	$ 0.00
JH Am Century Intl Value	$ 0.00	.000000	$ 0.00
RiverSource Mid Cap Value	$ 82561067.50	.000000	$ 0.00
Legg Mason Value	$ 0.00	.000000	$ 0.00
Fidelity Adv New Insights	$ 30282822.47	.000000	$ 0.00
Franklin Balance Sheet	$ 254708488.03	.000000	$ 0.00
Victory Diversified Stock	$ 12279870.80	.000000	$ 0.00
JPM MidCap Value Fund	$ 171505616.32	.000000	$ 0.00
New Perspective Fund	$ 12642405.86	.000000	$ 0.00
JH Putnam Vista	$ 0.00	.000000	$ 0.00
JH INVESCO Dynamics	$ 0.00	.000000	$ 0.00
Columbia Value & Restructuring	$ 359457911.73	.000000	$ 0.00
Fundamental Investors	$ 67391643.85	.000000	$ 0.00
Brandywine Blue Fund	$ 944722.15	.000000	$ 0.00
Capital World Growth & Income	$ 40847858.98	.000000	$ 0.00
Mid-Cap Value Index Fund	$ 12170222.78	.000000	$ 0.00
EuroPacific Growth Fund	$ 819117532.40	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
New World Fund	$ 15236156.67	.000000	$ 0.00
JH DWS Mid Cap Growth	$ 0.00	.000000	$ 0.00
T. Rowe Price Health Sci	$ 223382020.88	.000000	$ 0.00
Legg Partners Agg Growth	$ 134600516.39	.000000	$ 0.00
John Hancock Rainier Grow	$ 2175305.28	.000000	$ 0.00
Manulife Emerging Growth Stock	$ 0.00	.000000	$ 0.00
Lifestyle Conservative 280(VS)	$ 0.00	.000000	$ 0.00
Lifestyle Moderate 460 (VS)	$ 0.00	.000000	$ 0.00
Franklin Small-Mid Growth	$ 135825697.89	.000000	$ 0.00
Lifestyle Balanced 640 (VS)	$ 0.00	.000000	$ 0.00
Explorer	$ 37060805.48	.000000	$ 0.00
Lifestyle Growth 820 (VS)	$ 0.00	.000000	$ 0.00
Lifestyle Aggressive 1000 (VS)	$ 0.00	.000000	$ 0.00
AIM Small Cap Growth	$ 118477676.62	.000000	$ 0.00
JH Calamos Growth	$ 0.00	.000000	$ 0.00
JH INVESCO Telecom	$ 0.00	.000000	$ 0.00
Bridgeway Ultra-Small Co	$ 8870266.07	.000000	$ 0.00
American Century Vista	$ 249014681.63	.000000	$ 0.00
Davis Financial	$ 77931049.30	.000000	$ 0.00
JH Munder NetNet	$ 0.00	.000000	$ 0.00
Small Cap Growth Index	$ 114136749.15	.000000	$ 0.00
DFA U.S. Small Cap Fund	$ 60056506.92	.000000	$ 0.00
Small Cap Value Index	$ 19518687.84	.000000	$ 0.00
DFA International Value	$ 87470225.35	.000000	$ 0.00
JH Templeton Foreign Small Co	$ 0.00	.000000	$ 0.00
Thornburg International Value	$ 4686341.12	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
Turner Core Growth Fund	$ 910052.83	.000000	$ 0.00
Jennison 20/20 Focus Fund	$ 14854812.96	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 341812965.90	.000000	$ 0.00
Oppenheimer Intl Growth Fund	$ 17071563.37	.000000	$ 0.00
JH AIM Constellation	$ 0.00	.000000	$ 0.00
Oppenheimer Developing Mkt	$ 802732822.61	.000000	$ 0.00
Energy	$ 559678995.54	.000000	$ 0.00
SMALLCAP World Fund	$ 7285388.79	.000000	$ 0.00
Royce Opportunity	$ 99704339.77	.000000	$ 0.00
DFA US Targeted Value Fund	$ 10577874.65	.000000	$ 0.00
John Hancock Intl Growth	$ 4856401.48	.000000	$ 0.00
American Century Small Co	$ 0.00	.000000	$ 0.00
Balanced Fund (VS)	$ 0.00	.000000	$ 0.00
DFA Emerging Markets Value	$ 227093248.88	.000000	$ 0.00
Keeley Small Cap Value	$ 20635581.49	.000000	$ 0.00
Mid-Cap Growth Index Fund	$ 13205920.77	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 4727246.89	.000000	$ 0.00
Fidelity Advisor Gold Fund	$ 13550485.11	.000000	$ 0.00
UBS Global Allocation	$ 0.00	.000000	$ 0.00
UBS U.S. Large Cap Equity	$ 0.00	.000000	$ 0.00
DWS RREEF Real Estate	$ 0.00	.000000	$ 0.00
JH AmCent Mason Mid Growth	$ 0.00	.000000	$ 0.00
T. Rowe Price Real Estate	$ 0.00	.000000	$ 0.00
JH John Hancock Growth Opps	$ 0.00	.000000	$ 0.00
T. Rowe Price Blue Chip	$ 0.00	.000000	$ 0.00
JH John Hancock Small Cap	$ 0.00	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
BlackRock Mid-Cap Value Opps	$ 0.00	.000000	$ 0.00
Columbia Marsico Intl Opps	$ 0.00	.000000	$ 0.00
JH AmCent Mason Small Growth	$ 0.00	.000000	$ 0.00
Legg Mason Growth	$ 0.00	.000000	$ 0.00
Allianz RCM Tech Fund	$ 0.00	.000000	$ 0.00
Money Market Fund	$ 2870579600.45	9522.298142	$ 124477.78
Strategic Income Fund	$ 24203531.20	.000000	$ 0.00
Strategic Bond Fund	$ 37540130.46	.000000	$ 0.00
Large Cap Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Active Bond Fund	$ 33470659.90	.000000	$ 0.00
Special Value Fund	$ 0.00	.000000	$ 0.00
U.S. High Yield Bond Fund	$ 39552009.00	.000000	$ 0.00
High Yield Fund	$ 69168965.83	.000000	$ 0.00
Core Bond Fund	$ 10240914.67	.000000	$ 0.00
Investment Qual Bond Fund	$ 55102502.32	.000000	$ 0.00
Quantitative Equity Fund (VS)	$ 0.00	.000000	$ 0.00
WAMCO U.S. Government Sec Fund	$ 40003348.60	.000000	$ 0.00
Total Return Fund	$ 242857242.52	.000000	$ 0.00
Real Return Bond Fund	$ 64094525.30	.000000	$ 0.00
Global Bond Fund	$ 59770607.04	.000000	$ 0.00
Strategic Value Fund (VS)	$ 0.00	.000000	$ 0.00
Total Bond Market Fund	$ 56923959.75	.000000	$ 0.00
Core Fundamental Holdings	$ 8895389.13	.000000	$ 0.00
Strategic Growth Fund (VS)	$ 0.00	.000000	$ 0.00
500 Index Fund	$ 860602098.77	.000000	$ 0.00
Absolute Return Fund	$ 0.00	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
Core Diversified Grwth & Inc	$ 15721804.05	.000000	$ 0.00
Income & Value Fund	$ 0.00	.000000	$ 0.00
Optimized Value Fund	$ 48651759.71	.000000	$ 0.00
Fundamental Value Fund	$ 98828961.29	.000000	$ 0.00
Core Global Diversification	$ 12935843.06	.000000	$ 0.00
Mid Cap Core Fund (VS)	$ 0.00	.000000	$ 0.00
Equity Income Fund	$ 128690667.93	.000000	$ 0.00
U.S. Global Leaders Fund	$ 0.00	.000000	$ 0.00
Large Cap Fund	$ 38411637.06	.000000	$ 0.00
Overseas Fund (VS)	$ 0.00	.000000	$ 0.00
All Cap Value Fund	$ 83472453.75	.000000	$ 0.00
Mid Cap Value Fund	$ 0.00	.000000	$ 0.00
Capital Appreciation Fund	$ 131660771.80	.000000	$ 0.00
Quantitative Mid Cap Fund	$ 0.00	.000000	$ 0.00
Total Stock Market Index Fund	$ 201981558.72	.000000	$ 0.00
All Cap Core Fund	$ 19907592.27	.000000	$ 0.00
US Core Fund	$ 0.00	.000000	$ 0.00
Utilities Fund	$ 72874135.40	.000000	$ 0.00
Large Cap Value Fund	$ 78456807.86	.000000	$ 0.00
Blue Chip Growth Fund	$ 441877688.50	.000000	$ 0.00
Mid Cap Index Fund	$ 251539269.89	.000000	$ 0.00
Classic Value Fund	$ 0.00	.000000	$ 0.00
Mid Cap Opps Fund (VS)	$ 0.00	.000000	$ 0.00
Value Fund	$ 62816973.41	.000000	$ 0.00
Mid Cap Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Strategic Opps Fund (VS)	$ 0.00	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
Small Company Value Fund	$ 100566861.07	.000000	$ 0.00
Core Equity Fund	$ 0.00	.000000	$ 0.00
Mid Value Fund	$ 147766803.13	.000000	$ 0.00
Optimized All Cap Fund	$ 133619128.37	.000000	$ 0.00
U.S. Large Cap Fund	$ 0.00	.000000	$ 0.00
Small Cap Opportunities Fund	$ 44043804.12	.000000	$ 0.00
Small Company Blend Fund (VS)	$ 0.00	.000000	$ 0.00
Small Cap Value Fund	$ 129199516.80	.000000	$ 0.00
Dynamic Growth Fund	$ 0.00	.000000	$ 0.00
Real Est. Securities Fund	$ 279578925.15	.000000	$ 0.00
All Cap Growth Fund	$ 89366217.87	.000000	$ 0.00
Aggressive Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Small Cap Growth Fund	$ 51575954.63	.000000	$ 0.00
International Core Fund	$ 44359449.33	.000000	$ 0.00
Intl Equity Index Fund	$ 182760899.64	.000000	$ 0.00
Mid Cap Stock Fund	$ 282785351.63	.000000	$ 0.00
Pacific Rim Fund	$ 28457402.89	.000000	$ 0.00
Telecommunications Fund (VS)	$ 0.00	.000000	$ 0.00
International Value Fund	$ 292266942.36	.000000	$ 0.00
Internet Technolog. Fund (VS)	$ 0.00	.000000	$ 0.00
Financial Services Fund	$ 21692908.13	.000000	$ 0.00
Small Cap Index Fund	$ 132666689.48	.000000	$ 0.00
Science & Technology Fund	$ 172631163.37	.000000	$ 0.00
Global Fund	$ 2238765.64	.000000	$ 0.00
International Opps Fund	$ 90954665.86	.000000	$ 0.00
Intl Small Cap Fund	$ 129307991.79	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 52404 THE TRUSTEES OF GLECO PLATING, INC.
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GLECO PLATING, INC. 401(K) PLAN Total No of Units	Total Value
Natural Resources Fund	$ 164034386.83	.000000	$ 0.00
Global Allocation Fund	$ 0.00	.000000	$ 0.00
Overseas Equity Fund	$ 0.00	.000000	$ 0.00
Emerging Small Co Fund	$ 0.00	.000000	$ 0.00
Health Sciences Fund	$ 3647203.02	.000000	$ 0.00
Small Company Fund	$ 0.00	.000000	$ 0.00
Small Cap Fund	$ 0.00	.000000	$ 0.00
Emerging Growth Fund	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Katherine MacMillan
President, Retirement Plan Services

Production Date(R): JAN/25/2010