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:
- [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
MANGAN, INC. 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1993

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

1500 WEST CARSON ST., SUITE 100
LONG BEACH, CA 90810

2b Employer Identification Number (EIN)
33-0539093

2c Sponsor's telephone number
310-835-8080

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2010	BIMMY DHANAPALA
	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")
MANGAN, INC.

1500 WEST CARSON ST., SUITE 100
LONG BEACH, CA 90810

3b Administrator's EIN
33-0539093

3c Administrator's telephone number
310-835-8080

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**	206
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**	180
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	180
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	180
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	160
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)	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 01/01/2009 and ending 12/31/2010

A Name of plan
MANGAN, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0539093

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

(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	54108	180	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
20508	575

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
FINANCIAL TELESIS INC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20508			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	260	TPA FEES/IRA R/O PAYMENT	5

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

UBS GLOBAL ASSET MANAGEMENT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	80	REDEMPTION FEE	6

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

VANGUARD GROUP, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	235	REDEMPTION FEE	6

(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	307637
5	Current value of plan's interest under this contract in separate accounts at year end	5	10208077

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 ▶ GROUP ANNUITY

b	Balance at the end of the previous year			7b	308125
c	Additions: (1) Contributions deposited during the year	7c(1)	48587		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	8920		
	(4) Transferred from separate account	7c(4)	19761		
	(5) Other (specify below)	7c(5)	20696		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	97964
d	Total of balance and additions (add **b** and **c(6)**)			7d	406089
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	37979		
	(2) Administration charge made by carrier	7e(2)	1064		
	(3) Transferred to separate account	7e(3)	59308		
	(4) Other (specify below)	7e(4)	101		
	▶ ADJUSTMENT				
	(5) Total deductions			7e(5)	98452
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	307637

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
MANGAN, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0539093

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: TOTAL POOLED ACCOUNT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

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	10208077

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)

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

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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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
MANGAN, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0539093

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	24819	42170
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		2804
(2) Participant contributions	1b(2)		9583
(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)	193245	270250
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6372417	10208076
(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)	308125	307637
(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	6898606	10840520
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6898606	10840520

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)	365608	
	(B) Participants	2a(1)(B)	1285104	
	(C) Others (including rollovers)	2a(1)(C)	308066	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1958778
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)	13518	
	(F) Other	2b(1)(F)	8919	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22437
	(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)		2139168
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4120383
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	150167	
(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)		150167
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)	235	
(2) Contract administrator fees	2i(2)	27752	
(3) Investment advisory and management fees	2i(3)	315	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28302
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		178469
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3941914
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: HANSON & COMPANY, CPAS **(2)** EIN: 26-3457560

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

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

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

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

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
MANGAN, INC. 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0539093

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):

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):

MANGAN, INC.
401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS
AND INDEPENDENT AUDITOR'S REPORT

FOR THE YEARS ENDED DECEMBER 31, 2009 and 2008

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Hanson & Company
Certified Public Accountants

Phone: (949) 616-2690
Fax: (949) 681-8682

2549-B Eastbluff Drive, Suite 204
Newport Beach, California 92660

MEMBER OF
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Mangan, Inc. 401(k) Profit Sharing Plan & Trust

We were engaged to audit the financial statements of Mangan, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan") as of and for the years ended December 31, 2009 and 2008, and the supplemental schedule as listed in the accompanying table of contents. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

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 I, which was certified by John Hancock Life Insurance Company, the Plan trustee, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Hanson & Company

Newport Beach, California
August 4, 2010

MANGAN, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
Assets		
Investments, at fair value:		
Pooled separate accounts	$ 10,208,076	$ 6,372,417
Guaranteed interest accounts	307,637	308,125
Participant loans	270,250	193,245
Total investments	10,785,963	6,873,787
Receivables:		
Participants' contributions	9,583	31,404
Employer's contribution	2,804	8,597
Total receivables	12,387	40,001
Noninterest-bearing cash	42,170	24,819
Total assets	10,840,520	6,938,607
Liabilities	-	-
Net assets available for benefits	$ 10,840,520	$ 6,938,607

MANGAN, INC.
401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2009 and 2008

	2009	2008
Additions		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of pooled separate accounts	$ 2,126,781	$ -
Interest	22,437	22,070
Total investment income	2,149,218	22,070
Contributions		
Participants	1,263,283	1,127,006
Employer	359,815	324,332
Rollovers	308,066	8,768
Total contributions	1,931,164	1,460,106
Total additions	4,080,382	1,482,176
Deductions		
Deductions from net assets attributed to:		
Net depreciation in fair value of pooled separate accounts	-	2,843,793
Benefits paid to participants and beneficiaries	150,167	398,749
Administrative expenses	28,302	32,258
Total deductions	178,469	3,274,800
Net increase / (decrease)	3,901,913	(1,792,624)
Net assets available for benefits, beginning of year	6,938,607	8,731,231
Net assets available for benefits, end of year	$ 10,840,520	$ 6,938,607

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

Note A - Description of Plan

The following description of the Mangan, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document, including the Adoption Agreement, for a more complete description of the Plan's provisions. The Plan sponsor and Plan administrator is Mangan, Inc. (the "Company").

General

The Plan is a defined contribution plan covering all non-union employees of the Company who are age eighteen or older. In addition, eligibility requirements for Company matching contributions and nonelective profit sharing contributions require at least 500 hours of service during the Plan year for participants who are not actively employed at the end of the plan year. Participants who are actively employed at the end of the plan year will be eligible for Company matching contributions regardless of service completed during the plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

Each year, participants may contribute up to one hundred percent of their pre-tax annual compensation as defined in the Plan, subject to Internal Revenue Code (IRC) limitations ($16,500 for 2009 and $15,500 for 2008). Participants who are age fifty or older and who contribute the maximum federal limit are eligible to make an additional contribution called a "catch-up contribution". The allowed maximum catch-up contribution was $5,500 for 2009 and $5,000 for 2008. Participants may also contribute amounts representing rollover distributions from other qualified plans. All Company contributions are determined at the discretion of the Company's board of directors. The Company elects each Plan year whether to make a matching contribution and/or a discretionary nonelective profit sharing contribution.

Participant Accounts

Participants direct the investment of their contributions and Company contributions into investment options offered by the Plan. Each participant's account is credited with the participant's contributions, and allocations of the Company's contribution and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The Pooled Separate Accounts are each divided into units of participation. When an amount is allocated or transferred to the Pooled Separate Accounts, the number of units is increased and when an amount is withdrawn from the Pooled Separate Accounts, the number of units is decreased. Such increase or decrease in the number of units is determined by dividing the amount allocated to or withdrawn from the Pooled Separate Accounts by the current Pooled Separate Account unit value.

Payments of Benefits

On termination of service, a participant will receive a single lump sum amount equal to the participant's vested account balance. Additionally, terminated participants may elect to transfer all amounts which qualify as a rollover into an individual retirement account under the provisions of the Internal Revenue Code of 1986, as amended.

Note A - Description of Plan – continued

Participant Loans
Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. All loans bear a reasonable rate of interest as determined by the Plan administrator. Interest rates are fixed and ranged from 4.25% to 9.25% at December 31, 2009. Loans are amortized in level payments over a period not extending beyond five years unless the loan is for the purchase of the participant's primary residence in which case the loan can be amortized up to fifteen years. Maturities on loans at December 31, 2009 extended from 2010 to 2024. The loans are secured by the participant's vested interest in his or her account.

Investment Options
Through a group annuity contract with John Hancock Life Insurance Company ("John Hancock"), investments are offered through Guaranteed Interest Accounts and Pooled Separate Accounts which invest solely in underlying mutual funds. Participants are allowed to select their own investments from among these investment choices and may change their investment options daily.

Guaranteed Interest Accounts are held in the John Hancock general account and provide a guaranteed interest rate over a defined three, five or ten year term provided all contributions remain in the account until the end of the guarantee period. Interest rates are established on the first day of each calendar month and apply to all contributions made to the guaranteed accounts in that month. At the end of each year, a composite rate of interest is determined for each participant account, depending on the amounts contributed and the rate in effect on the day it is allocated under the participant account. The composite rate is the effective annual rate earned on all contributions to that guaranteed account during the year for that participant. Contributions continue to earn that calculated composite interest rate for the duration of the guaranteed term. At December 31, 2009, composite rates ranged from 0.15% to 4.25% and weighted average yields ranged from 2.52% to 3.39% on Guaranteed Interest Accounts. At December 31, 2009, Guaranteed Interest Accounts had maturities through December 31, 2019.

Vesting
Participants are fully and immediately vested in their contributions, rollover contributions, Company safe harbor nonelective profit sharing contributions and Company safe harbor matching contributions, plus actual earnings thereon. Vesting in the Company's contributions other than safe harbor contributions plus actual earnings thereon is based on years of continuous service (minimum 1,000 hours of service per Plan year) as follows:

Years of Service	Vested Percentage
Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years	100%

Note A - Description of Plan – continued

Forfeitures
Forfeitures of the nonvested portion of participant accounts may be used to pay administrative expenses. Forfeitures of employer matching contributions may be used to reduce future employer matching contributions. At December 31, 2009 and 2008, forfeited nonvested balances totaled $42,170 and $24,819, respectively.

Note B – Summary of Accounting Policies

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

Estimates
The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments Valuation and Income Recognition
The value of each Pooled Separate Account is determined at the close of each business day based on fair value and is expressed in units. Each Pooled Separate Account has more than one class of units, and each class has its own price per unit. Each group annuity contract is associated with a particular class of units. The unit value of each class is determined at the close of each business day by dividing the value of each class by the total number of units in the respective class. The total value of all classes for each Pooled Separate Account equals the fair value of the mutual funds owned by the Pooled Separate Account. Each Pooled Separate Account is credited with earnings on the underlying investments and charged for Plan benefits paid and deductions for investment expenses. See Note K for discussion of fair value measurements.

Expenses
Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain administrative expenses are paid directly by the Company. Expenses related to the purchase or sale of investments are added to the cost or deducted from the proceeds, respectively, and charged to the account of the participant for which such purchase or sale is made.

Subsequent Events
The Plan has evaluated subsequent events through August 4, 2010, which is the date the financial statements were available to be issued.

Note C – Tax Status

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. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note D – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

Note E – Party-in-Interest Transactions

Plan assets include pooled separate accounts and guaranteed interest accounts provided and managed by John Hancock Life Insurance Company which is the trustee of the Plan. 401 Plans provides services to the Plan as the Third Party Administrator.

Note F – Deferred Vested Benefits

At December 31, 2009, there were no withdrawing participants for whom benefit claims had been processed and approved for payment prior to, but not paid by December 31, 2009.

Note G – Investments

The following presents the investments that represent 5 percent or more of the Plan's net assets available for benefits at December 31, 2009 and 2008.

	2009	2008
John Hancock Lifecycle Fund – Aggressive Portfolio	$ 890,642	$ 373,891
John Hancock Lifecycle Fund – Balanced Portfolio	1,484,178	726,329
John Hancock Lifecycle Fund – Conservative Portfolio	762,996	596,132
John Hancock Lifecycle Fund – Growth Portfolio	781,731	414,008
John Hancock Money Market Fund	645,542	871,581

During 2009, the net appreciation in the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) in pooled separate accounts was $2,126,781.

Note H – Risks and Uncertainties

The participants invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note I – Information Certified by the Trustee

At December 31, 2009 and 2008, the Plan's investments were held by John Hancock Life Insurance Company (the "Trustee"). The following is a summary of the Plan's financial information that is included in the accompanying financial statements and supplemental schedule based on information certified by the Trustee as complete and accurate in accordance with Section 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 fair value of investments at December 31, 2009 and 2008 and the investment income for the years then ended, as reported by the Trustee is summarized as follows:

	2009	2008
Pooled separate accounts	$ 10,208,076	$ 6,372,417
Guaranteed interest accounts	307,637	308,125
Participant loans	270,250	193,245
Total investments	$ 10,785,963	$ 6,873,787
Net appreciation/(depreciation) in fair value of pooled separate accounts	$ 2,126,781	$ (2,843,793)
Interest income	$ 22,437	$ 22,070

Note J – Reconciliation of Financial Statements to Internal Revenue Service Form 5500

The following is a reconciliation of net assets available for benefits, employer contributions, and participants' contributions per the financial statements at December 31, 2009 and 2008 to Schedule H of the Internal Revenue Service Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 10,840,520	$ 6,938,607
Less: accrued contributions	-	(40,001)
Net assets available for benefits per Schedule H of the Form 5500	$ 10,840,520	$ 6,898,606
Participant contributions per the financial statements	$ 1,263,283	$ 1,127,006
Add: beginning participant contribution receivable	31,404	67,270
Less: ending participant contribution receivable	(9,583)	(31,404)
Participant contributions per Schedule H of the Form 5500	$ 1,285,104	$ 1,162,872
Employer contributions per the financial statements	$ 359,815	$ 324,332
Add: beginning employer contribution receivable	8,597	18,340
Less: ending employer contribution receivable	(2,804)	(8,597)
Employer contributions per Schedule H of the Form 5500	$ 365,608	$ 334,075

Note K – Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, formerly SFAS No. 157, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value.

Pooled separate accounts: The unit values of each account is published daily by John Hancock. The investment and redemption of these units constitutes an active market as referred to in FASB ASC 820.

Guaranteed investment accounts: The fair value of each account is determined using a formula that incorporates prevailing interest rates.

Participant loans: Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note K – Fair Value Measurements – continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$10,208,076	-	-	$10,208,076
Guaranteed interest accounts	-	-	307,637	307,637
Participant loans	-	-	270,250	270,250
Total assets at fair value	$10,208,076	-	577,887	$10,785,963

Assets at Fair Value as of December 31, 2008

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$6,372,417	-	-	$6,372,417
Guaranteed interest accounts	-	-	308,125	308,125
Participant loans	-	-	193,245	193,245
Total assets at fair value	$6,372,417	-	501,370	$6,873,787

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009.

	Guaranteed interest accounts	Participant loans
Balance, beginning of year	$308,125	$193,245
Unrealized gains/losses relating to instruments still held at the reporting date	(14,503)	-
Purchases, sales, issuances and settlements, net	14,015	77,000
Balance, end of year	$307,637	$270,245

SUPPLEMENTAL SCHEDULE

MANGAN, INC.
401(K) PROFIT SHARING PLAN & TRUST
INTERNAL REVENUE SERVICE FORM 5500, SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

Employer Identification Number (EIN): 33-0539093
Plan Number (PN): 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	All Cap Growth Fund	Pooled separate account	$ 54,570
	All Cap Value Fund	Pooled separate account	8,658
	American Balance Fund	Pooled separate account	62,407
	American Century Vista Fund	Pooled separate account	71,128
	BlackRock Large Cap Value Fund	Pooled separate account	88,958
	Bridgeway Ultra-Small Company Market Fund	Pooled separate account	154
	Capital Appreciation Fund	Pooled separate account	11,685
	Columbia Marsico International Opportunities Fund	Pooled separate account	43,934
	Columbia Value & Restructuring Fund	Pooled separate account	106,208
	Davis Financial Fund	Pooled separate account	21,196
	Davis New York Venture Fund	Pooled separate account	155,630
	DFA Emerging Markets Value Fund	Pooled separate account	125,000
	DFA International Value Fund	Pooled separate account	8,574
	DFA U.S. Small Cap Fund	Pooled separate account	18,416
	Domini Social Equity Fund	Pooled separate account	1,316
	DWS RREEF Real Estate Securities Fund	Pooled separate account	74,874
	Energy Fund	Pooled separate account	360,564
	EuroPacific Growth Fund	Pooled separate account	123,034
	Fidelity Contra Fund	Pooled separate account	221,852
	Franklin Balance Sheet Investment Fund	Pooled separate account	138,506
	Franklin Small-Mid Cap Growth Fund	Pooled separate account	12,304
	Growth Index Fund	Pooled separate account	4,797
	International Equity Index Fund	Pooled separate account	31,408
	International Small Cap Fund	Pooled separate account	38,669
	International Value Fund	Pooled separate account	86,639
	Jennison Growth Fund	Pooled separate account	22,076
	John Hancock Money Market Fund	Pooled separate account	645,542
	John Hancock International Growth Fund	Pooled separate account	1,299
	John Hancock Lifecycle Fund – 2010 Portfolio	Pooled separate account	47,811
	John Hancock Lifecycle Fund – 2015 Portfolio	Pooled separate account	39,192
	John Hancock Lifecycle Fund – 2020 Portfolio	Pooled separate account	70,779
	John Hancock Lifecycle Fund – 2025 Portfolio	Pooled separate account	53,066
	John Hancock Lifecycle Fund – 2030 Portfolio	Pooled separate account	24,863
	John Hancock Lifecycle Fund – 2035 Portfolio	Pooled separate account	94,848
	John Hancock Lifecycle Fund – 2040 Portfolio	Pooled separate account	68,498
	John Hancock Lifecycle Fund – 2045 Portfolio	Pooled separate account	10,856
	John Hancock Lifestyle Fund - Aggressive Portfolio	Pooled separate account	890,642
	John Hancock Lifestyle Fund - Balanced Portfolio	Pooled separate account	1,484,178
	John Hancock Lifestyle Fund - Conservative Portfolio	Pooled separate account	762,996
	John Hancock Lifestyle Fund - Growth Portfolio	Pooled separate account	781,731
	John Hancock Lifestyle Fund - Moderate Portfolio	Pooled separate account	281,675
	John Hancock Strategic Income Fund	Pooled separate account	4,345
	Legg Mason Partners Aggressive Growth Fund	Pooled separate account	52,812
	Legg Mason Partners Global High Yield Bond Fund	Pooled separate account	129,468
	500 Index Fund	Pooled separate account	168,765
	MFS Utilities Fund	Pooled separate account	311,704
	Mid Cap Index Fund	Pooled separate account	24,362
	Mid Cap Stock Fund	Pooled separate account	9,056

MANGAN, INC.
401(K) PROFIT SHARING PLAN & TRUST
INTERNAL REVENUE SERVICE FORM 5500, SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
DECEMBER 31, 2009

Employer Identification Number (EIN): 33-0539093
Plan Number (PN): 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	Mid Cap Value Fund	Pooled separate account	$ 50,266
	Mid-Cap Growth Index Fund	Pooled separate account	22,946
	Mutual Beacon Fund	Pooled separate account	200,960
	Mutual Discovery Fund	Pooled separate account	66,237
	Oppenheimer Developing Markets Fund	Pooled separate account	321,840
	Oppenheimer Global Fund	Pooled separate account	98,072
	Optimized All Cap Fund	Pooled separate account	40,360
	Optimized Value Fund	Pooled separate account	24,774
	PIMCO All Asset Fund	Pooled separate account	49,517
	PIMCO Global Bond Fund	Pooled separate account	107,036
	PIMCO Real Return Fund	Pooled separate account	28,786
	PIMCO Total Return Fund	Pooled separate account	128,212
	RiverSource Mid Cap Value Fund	Pooled separate account	2,535
	Royce Opportunity Fund	Pooled separate account	11,109
	Science & Technology Fund	Pooled separate account	22,246
	Small Cap Index Fund	Pooled separate account	24,318
	Small Cap Opportunities Fund	Pooled separate account	6,406
	Small Cap Value Fund	Pooled separate account	34,386
	T. Rowe Price Blue Chip Growth Fund	Pooled separate account	82,734
	T. Rowe Price Equity Income Fund	Pooled separate account	58,997
	T. Rowe Price Health Sciences Fund	Pooled separate account	92,860
	T. Rowe Price Science & Technology Fund	Pooled separate account	351,403
	T. Rowe Price Small Cap Value Fund	Pooled separate account	152,198
	T. Rowe Price Spectrum Income Fund	Pooled separate account	15,826
	Templeton World Fund	Pooled separate account	30,906
	The Growth Fund of America	Pooled separate account	23,146
	The Investment Company of America	Pooled separate account	34,707
	Total Bond Market Fund	Pooled separate account	32,521
	Total Stock Market Index Fund	Pooled separate account	35,574
	UBS Global Allocation Fund	Pooled separate account	36,059
	UBS U.S. Large Cap Equity Fund	Pooled separate account	41,392
	Value Index Fund	Pooled separate account	6,568
	Short-Term Federal Fund	Pooled separate account	120,169
	Small Cap Growth Index Fund	Pooled separate account	63
	Washington Mutual Investors Fund	Pooled separate account	1,902
	John Hancock Guaranteed Interest Accounts	Terms 3 to 10 years, with annual interest rates from 0.15% to 4.25%	307,637
*	Participant loans	Loans to participants, secured by participant balances, with interest rates from 4.25% to 9.25%, maturities from 2010 to 2024	270,250
			$ 10,785,963

* *A party-in-interest as defined by ERISA.*

Note: Cost information is omitted because all investments are participant-directed.

MANGAN, INC.
401(K) PROFIT SHARING PLAN & TRUST
INTERNAL REVENUE SERVICE FORM 5500, SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

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401(K) PROFIT SHARING PLAN & TRUST
INTERNAL REVENUE SERVICE FORM 5500, SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
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