Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GR MANAGEMENT SERVICES INC 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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

4849 EVANSWOOD DRIVE
COLUMBUS, OH 43229

2b Employer Identification Number (EIN) 26-4198355

2c Sponsor's telephone number 614-431-5800

2d Business code (see instructions) 722110

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.	09/15/2010	WILLIAM C. NIEGSCH, JR.
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

4849 EVANSWOOD DRIVE
COLUMBUS, OH 43229

3b Administrator's EIN
26-4198355

3c Administrator's telephone number
614-431-5800

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
MAX ERMAS RESTAURANTS INC

4b EIN
31-1041397

4c PN

5 Total number of participants at the beginning of the plan year	**5**	2437
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**	2172
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	267
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2439
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	2439
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	560
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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	**B** Three-digit plan number (PN) ▶
GR MANAGEMENT SERVICES INC 401(K) PLAN AND TRUST	001
C Plan sponsor's name as shown on line 2a of Form 5500.	**D** Employer Identification Number (EIN)
GR MANAGEMENT SERVICES INC	26-4198355

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	64920	862	01/01/2009	12/31/2003

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
14795	

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

LPL FINANCIAL CORPORATION
1001 EASTWIND DR.
WESTERVILLE, OH 43081

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
8433			7

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

THE SIEKMANN COMPANY
9000 MEMORIAL DRIVE
PLAIN CITY, OH 43064

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
6362			3

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

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

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

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

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

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

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

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

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

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

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	5364344

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	36823
c	Additions: (1) Contributions deposited during the year	7c(1)	19463	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	655	
	(4) Transferred from separate account	7c(4)	6	
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	20124
d	Total of balance and additions (add **b** and **c(6)**).		7d	56947
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	30284	
	(2) Administration charge made by carrier	7e(2)	107	
	(3) Transferred to separate account	7e(3)	303	
	(4) Other (specify below) ▶ TRANSFERRED TO CASH ACCOUNT	7e(4)	43	
	(5) Total deductions		7e(5)	30737
f	Balance at the end of the current year (subtract **e(5)** from **d**)		7f	26210

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
GR MANAGEMENT SERVICES INC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GR MANAGEMENT SERVICES INC

D Employer Identification Number (EIN)
26-4198355

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY
P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan
GR MANAGEMENT SERVICES INC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GR MANAGEMENT SERVICES INC

D Employer Identification Number (EIN)
26-4198355

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: JH AMERICAN FUNDS AM BALANCED
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY
c EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72197

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AMERICAN CENTURY VISTA FUND
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMP
c EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4446

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP VALUE FUND
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY
c EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8966

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE FUND
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY
c EIN-PN 01-0233466-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 255331

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY
c EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306101

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BALANCED FUND
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY
c EIN-PN 01-0233466-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 611697

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE CONSERVATIVE FUND
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY
c EIN-PN 01-0223466-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145883

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	74952
a Name of MTIA, CCT, PSA, or 103-12 IE: ACTIVE BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19818
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	189
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	90567
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US SMALL CAP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	116
a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL SERVICES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8329
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59370
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8142
a Name of MTIA, CCT, PSA, or 103-12 IE: JH AMERICAN FUNDS GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	47015
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62449

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	817745
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP CORE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44254
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE HEALTH SCIENCES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53194
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65954
a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	46928
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41575
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1984
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	213145
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL OPPS FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1968
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT QUALITY BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	49763

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL SMALL CAP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	93557
a Name of MTIA, CCT, PSA, or 103-12 IE: AIM SMALL CAP GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23037
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	87885
a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC RIM FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26364
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82585
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2015 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMP			
c EIN-PN 01-0223346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	865
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE 2020 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51155
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE 2025 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2012
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE 2030 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16708
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE 2035 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28663

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE 2040 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12306
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE 2045 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16591
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL CORE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30722
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMP			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5815
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALLMID GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2482
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41100
a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG PARTNERS AGG GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	84
a Name of MTIA, CCT, PSA, or 103-12 IE: LH LIFESTYLE MODERATE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77895
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 INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	310480
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55621

a Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED ALL CAP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1173
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE SECURITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	87587
a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95815
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL RETURN BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53483
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE RECONSTRUCTURING			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13213
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MID CAP VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMP			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2218
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24074
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	116615
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMP			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3938
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16322

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL CAP GROWTH INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMP			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7925
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE TECHNOLOGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	214873
a Name of MTIA, CCT, PSA, or 103-12 IE: JH TEMPLETON WORLD FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44455
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	78083
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5499
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8297
a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36172
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3008
a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58029
a Name of MTIA, CCT, PSA, or 103-12 IE: JH AMERICAN FUNDS WASH MUTUAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5263

a Name of MTIA, CCT, PSA, or 103-12 IE: JH GUANANTEED INTEREST ACCOUNTS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26210
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SMALL CAP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17860
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16370
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2136
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK LARGE VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	580
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4964
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	212456
a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13661
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE EQUITY INCOME FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8666
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1647

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK GLOBAL ALLOCATION FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8263
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13802
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	545
a Name of MTIA, CCT, PSA, or 103-12 IE: WAMCO GOVERNMENT SECURITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31722
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM FEDERAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	664
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19165
a Name of MTIA, CCT, PSA, or 103-12 IE: US HIGH YIELD BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13492
a Name of MTIA, CCT, PSA, or 103-12 IE: LM PARTNERS GLOBAL HIGH YIELD FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5598
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30627
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SPECTRUM INCOME FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4867

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2191

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1021

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection**

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

A Name of plan
GR MANAGEMENT SERVICES INC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GR MANAGEMENT SERVICES INC

D Employer Identification Number (EIN)
26-4198355

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	4866	5013
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4012447	5364344
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	36823	26210
(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	4054136	5395567
Liabilities			
g Benefit claims payable	1g	62900	34240
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	17893	45977
k Total liabilities (add all amounts in lines 1g through1j)	1k	80793	80217
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3973343	5315350

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)		
(B) Participants	2a(1)(B)	333351	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		333351
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1148687
(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		1482038

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	955535	
(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)		955535
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	26917	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26917
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		982452

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		499586
l Transfers of assets:			
(1) To this plan	2l(1)		842421
(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)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: MCCURDY ASSOCIATES INC **(2)** EIN: 31-1401234

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			

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)

McCURDY & ASSOCIATES, INC.

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the G&R Management Services, Inc. 401(k) Plan and Trust:

We were engaged to audit the accompanying statements of net assets available for benefits of the G&R Management Services, Inc. 401(k) Plan and Trust as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of Schedule H, line 4i-Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2009. These financial statements and 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 7, which was certified by the John Hancock Life Insurance Company, the custodian of the Plan, 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McCurdy & Associates, Inc.

Columbus, Ohio
August 25, 2010

4800 Roberts Road, Columbus, OH 43228 • Phone: (614) 951-2298 • Fax: (614-951-2299

G&R Management Services, Inc. 401(k) Plan and Trust **Supplemental Schedule**
EIN: 31-1041397; Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009 (unaudited)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	John Hancock	Lifecycle 2045		$ 16,591
*	John Hancock	Lifecycle 2040		12,306
*	John Hancock	Lifecycle 2035		28,663
*	John Hancock	Lifecycle 2030		16,708
*	John Hancock	Lifecycle 2025		2,012
*	John Hancock	Lifecycle 2020		51,155
*	John Hancock	Lifecycle 2015		865
*	John Hancock	Lifestyle Aggressive		255,331
*	John Hancock	Lifestyle Growth		817,745
*	John Hancock	Lifestyle Balanced		611,697
*	John Hancock	Lifestyle Moderate		77,895
*	John Hancock	Lifestyle Conservative		145,883
*	John Hancock	Natural Resources Fund		95,815
*	John Hancock	Royce Opportunity		189
*	John Hancock	International Small Cap Fund		93,557
*	John Hancock	International Opps Fund		1,968
*	John Hancock	Science & Technology Fund		214,873
*	John Hancock	DFA U.S. Small Cap Fund		116
*	John Hancock	Small Cap Growth Index		7,925
*	John Hancock	Small Cap Index Fund		24,074
*	John Hancock	Davis Financial		1,021
*	John Hancock	Financial Services Fund		8,329
*	John Hancock	American Century Vista		4,446
*	John Hancock	AIM Small Cap Growth		23,037
*	John Hancock	International Value Fund		87,885
*	John Hancock	Pacific Rim Fund		26,364
*	John Hancock	Mid Cap Stock Fund		82,585
*	John Hancock	Intl Equity Index Fund		1,984
*	John Hancock	International Core Fund		30,722
*	John Hancock	Small Cap Growth Fund		5,815
*	John Hancock	Franklin Small-Mid Growth		2,482
*	John Hancock	Legg Mason ClearBr Agg Growth		84
*	John Hancock	T. Rowe Price Health Sci		53,194
*	John Hancock	EuroPacific Growth Fund		55,621

See accompanying independent auditors' report and notes to financial statements.

G&R Management Services, Inc. 401(k) Plan and Trust **Supplemental Schedule**
EIN: 31-1041397; Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009 (unaudited)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	John Hancock	All Cap Growth Fund		41,100
*	John Hancock	Real Estate Securities Fund		87,587
*	John Hancock	Small Cap Value Fund		3,938
*	John Hancock	Small Cap Opportunities Fund		16,322
*	John Hancock	Optimized All Cap Fund		1,173
*	John Hancock	Mid Value Fund		46,928
*	John Hancock	Fundamental Investors		41,575
*	John Hancock	Columbia Value & Restructuring		13,213
*	John Hancock	JPM MidCap Value Fund		2,218
*	John Hancock	Small Company Value Fund		116,615
*	John Hancock	Franklin Balance Sheet		3,008
*	John Hancock	Value Fund		58,029
*	John Hancock	T. Rowe Price Sml Cap Val		17,860
*	John Hancock	Mid Cap Index Fund		16,370
*	John Hancock	Oppenheimer Global		8,142
*	John Hancock	Blue Chip Growth Fund		306,101
*	John Hancock	Large Cap Value Fund		8,297
*	John Hancock	Utilities Fund		36,172
*	John Hancock	All Cap Core Fund		44,254
*	John Hancock	MFS Utilities		2,136
*	John Hancock	BlackRock Large Value		580
*	John Hancock	Total Stock Market Index Fund		5,499
*	John Hancock	Templeton World		44,455
*	John Hancock	Capital Appreciation Fund		74,952
*	John Hancock	The Growth Fund of America		47,015
*	John Hancock	All Cap Value Fund		8,966
*	John Hancock	Mutual Global Discovery		4,964
*	John Hancock	Large Cap Fund		212,456
*	John Hancock	Equity Income Fund		90,567
*	John Hancock	Fundamental Value Fund		59,370
*	John Hancock	Davis New York Venture		13,661
*	John Hancock	T. Rowe Price Equity Inc		8,666
*	John Hancock	500 Index Fund		213,145
*	John Hancock	Mutual Beacon		1,647

See accompanying independent auditors' report and notes to financial statements.

G&R Management Services, Inc. 401(k) Plan and Trust **Supplemental Schedule**
EIN: 31-1041397; Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009 (unaudited)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment	Cost	Current value
*	John Hancock	Washington Mutual Investors		5,263
*	John Hancock	BlackRock Global Allocation		8,263
*	John Hancock	Investment Company of America		13,802
*	John Hancock	American Balanced Fund		72,197
*	John Hancock	Total Bond Market Fund		545
*	John Hancock	Global Bond Fund		62,449
*	John Hancock	Real Return Bond Fund		53,483
*	John Hancock	Total Return Fund		78,083
*	John Hancock	WAMCO U.S. Government Sec Fund		31,722
*	John Hancock	Short-Term Federal		664
*	John Hancock	Investment Qual Bond Fund		49,763
*	John Hancock	PIMCO Total Return		19,165
*	John Hancock	High Yield Fund		65,954
*	John Hancock	U.S. High Yield Bond Fund		13,492
*	John Hancock	LM Partners Global High Yield		5,598
*	John Hancock	Active Bond Fund		19,818
*	John Hancock	Strategic Bond Fund		30,627
*	John Hancock	T. Rowe Price Spectrum Inc		4,867
*	John Hancock	Strategic Income Opp Fund		2,191
*	John Hancock	Money Market Fund		310,480
*	John Hancock	3-Year Compound		4,057
*	John Hancock	5-Year Compound		16,924
*	John Hancock	10-Year Compound		5,229
			Total	$ 5,390,554

* Party-in-interest to Plan

Note: This schedule is based on unaudited information that has been certified as complete and accurate by the custodian, John Hancock Life Insurance Company

See accompanying independent auditors' report and notes to financial statements.

G&R MANAGEMENT SERVICES, INC. 401(k) PLAN AND TRUST

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2009 AND 2008

TOGETHER WITH INDEPENDENT AUDITORS' REPORT

G&R Management Services, Inc. 401(k) Plan and Trust
December 31, 2009 and 2008
INDEX

	Page(s)
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits, December 31, 2009 and 2008	2
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2009	3
Notes to Financial Statements, December 31, 2009 and 2008	4-10
Supplemental Schedule:	
Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year); December 31, 2009 (unaudited)	11-13

All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

G&R Management Services, Inc. 401(k) Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
ASSETS		
Cash	$ 5,013	$ 4,866
Investments at fair value:		
John Hancock Funds	5,390,554	4,049,270
	5,395,567	4,054,136
LIABILITIES		
Accounts payable	5,083	-
Excess contributions payable	40,894	17,893
	45,977	17,893
Net assets available for benefits	$ 5,349,590	$ 4,036,243

The accompanying notes to the financial statements and independent auditors' report should be read in conjunction with these statements.

G&R Management Services, Inc. 401(k) Plan and Trust
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

	Participant Directed Investments			
	Cash	Pooled Separate Accounts	Other	Total
Investment income and net appreciation (depreciation) in fair value of investments	$ -	$ 1,157,939	$ (9,252)	$ 1,148,687
Contributions:				
Participant	-	365,053	(31,702)	333,351
Net assets transferred in	-	842,421	-	842,421
Total additions	-	2,365,413	(40,954)	2,324,459
Benefits paid to participants or beneficiaries	-	1,002,088	(17,893)	984,195
Administrative expenses	-	26,917	-	26,917
Net increase (decrease) before interfund transfers	-	1,336,408	(23,061)	1,313,347
Interfund transfers	147	(147)	-	-
Net increase (decrease)	147	1,336,261	(23,061)	1,313,347
Net assets available for benefits:				
Beginning of year	4,866	4,049,270	(17,893)	4,036,243
End of year	$ 5,013	$ 5,385,531	$ (40,954)	$ 5,349,590

The accompanying notes to the financial statements and independent auditors' report should be read in conjunction with this statement.

1. DESCRIPTION OF PLAN

General—The G&R Management Services, Inc. 401(k) Plan and Trust (the Plan), formerly known as the Max & Erma's 401(k) Savings Plan and Trust, is a voluntary contributory Plan for the employees of G&R Management Services, Inc. (the Company), Max & Erma's Restaurants, Inc. (Max & Erma's) and Damon's International, Inc. (Damon's). The Plan, which became effective January 1, 1994, is administered by the Company. Effective September 17, 2009 the Damon's International, Inc. 401(k) Profit Sharing Plan was merged into the Plan. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

All employees of the Company, Max & Erma's, and Damon's who have completed one year of service and have attained age 21 are eligible to participate in the Plan.

Contributions—Participants may contribute the maximum allowable by the Internal Revenue Service. To be eligible to receive an employer matching contribution, the participant must be employed by the Company on the last day of the Plan year.

The Company decides annually whether it will make a matching contribution and the amount of any matching contribution. There were no employer matching contributions for 2009.

Participant Accounts—Each participant's account is credited, by fund, with the participant's contributions, the Company's matching contribution, and the Plan's earnings (losses). Allocations for earnings (losses) are based upon each participant's account balance.

Vesting—Participants immediately vest in their voluntary contributions plus actual earnings (losses) thereon. Effective January 1, 2002, vesting for Company matching contributions is as follows:

Years of Service	Vesting Percentage
Less than 3	0 %
3 or more	100 %

Payment of Benefits—Retirement benefits are payable at 100% of the participant's account balance on the date of retirement. On termination of service, a participant is entitled to receive his vested account balance. All payments of benefits are to be made in one lump sum payment.

Plan Termination—The Company has the right to modify, amend or terminate the Plan. In the event of termination, all amounts credited to a participant's account shall vest immediately and be non-forfeitable.

2. SUMMARY OF ACCOUNTING POLICIES

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

Use of Estimates—The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation—The Plan's investments are not traded in a public market and are stated at estimated fair value as determined by the custodian. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction, between market participants at the measurement date. Each pooled separate account is valued at fair value and certified as such by John Hancock Life Insurance Company (John Hancock), the custodian of the Plan. The fair value of the accounts is determined based upon the number of shares of each fund owned by the Plan, multiplied by the closing net asset value per share for the same fund. The unit value of the pool is adjusted daily to reflect the net investment appreciation (depreciation). The underlying securities of the pooled separate accounts are valued at the last reported sales price on the last business day of the Plan year. Purchases and sales are recorded on a trade-date basis. Dividend income earned is recorded on the ex-dividend date.

Payment of Benefits—Benefits are recorded when paid.

Subsequent Events—The Plan has evaluated subsequent events through August 23, 2010, the date the financial statements were available to be issued.

3. PLAN MERGER

On September 17, 2009 the Damon's International, Inc. 401(k) Profit Sharing Plan (Damon's) was merged into the Plan. Prior to the merger, the Damon's plan covered eligible employees of Damon's International, Inc. The transferred net assets have been reflected as net assets transferred into the Plan at their balances as previously carried in the accounts of Damon's plan. The net amount transferred into the Plan from Damon's was $842,421. Prior to the merger, the Damon's employees became 100% vested in their account balances.

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (*ASC) 820, Fair *Value Measurements and Disclosures*, provides the 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 as follows:

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 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 methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2009 and 2008.

John Hancock funds are valued at the aggregate value of all underlying funds held by the Plan.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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.

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 2	Total
John Hancock funds	$ 5,390,554	$ 5,390,554
Total assets at fair value	$ 5,390,554	$ 5,390,554

Assets at Fair Value as of December 31, 2008

	Level 2	Total
John Hancock funds	$ 4,049,270	$ 4,049,270
Total assets at fair value	$ 4,049,270	$ 4,049,270

5. INVESTMENT FUNDS

The Plan has established various investment funds for investment of participant and Company contributions. Each participant designates into which fund or funds their contributions should be invested. Company contributions are invested in the funds based on the same ratio as participant contributions.

Participants are permitted to invest in a variety of pooled investment accounts administered by John Hancock. Participants can refer to the John Hancock Enrollment Kit for a more complete description of each Fund's investment objectives.

The earnings of these funds and proceeds from the sale of the assets of any of these funds are reinvested in the same fund. The net appreciation (depreciation) in the fair market value of each fund includes changes in estimated market value, realized gains (losses) from investments sold during the year and dividends.

Participants are permitted to change their investment elections or to transfer their funds among the various John Hancock funds a maximum of two exchanges per calendar month.

6. INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

	2009	2008
John Hancock Lifestyle Growth Fund	$ 817,745	$ 528,765
John Hancock Lifestyle Balanced Fund	611,697	483,407
John Hancock Blue Chip Growth Fund	306,101	231,540
John Hancock Money Market Fund	310,480	333,931

7. INFORMATION CERTIFIED BY CUSTODIAN

During November, 1999, William Niegsch, Jr. was appointed as trustee of the Plan and John Hancock was selected as custodian of the Plan. The custodian administers all of the Plan's investment assets and executes the Plan's investment transactions.

The Plan's financial statements and the accompanying supplemental schedule were prepared from information supplied and certified by the custodian, which included a summary of assets and transactions with supporting schedules for the years ended December 31, 2009 and 2008. The following summarizes the unaudited Plan information that was prepared by or derived from information prepared by the custodian:

	2009	2008
Statements of Net Assets Available for Benefits		
Cash	$ 5,013	$ 4,866
Investments at fair value	5,390,554	4,049,270
Statement of Changes in Net Assets Available for Benefits		
Investment income and net appreciation in fair value of investments	$ 1,148,687	
Administrative expenses	26,917	

All information included in Note 6 and the supplemental schedule.

Distributions to participants and contributions to the Plan were derived from information supplied by the Company. Accordingly, the scope of the independent auditors' examination has not been limited with respect to these items.

8. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by John Hancock as custodian of the Plan. These transactions qualify as party-in-interest. Fees paid by the Plan to John Hancock for asset charges in 2009 were $ 15,388. These fees are included in administrative expenses and fund broker commissions paid by John Hancock.

9. DISTRIBUTIONS AND FORFEITURES

The terms of the Plan permit certain participant withdrawals during employment and at termination of employment. At December 31, 2009 and 2008, $34,240 and $62,900, respectively, were allocated to participants who had elected to withdraw from the Plan and had not received a distribution of their account balance. Unvested Company contributions and the related earnings of participants who terminate their employment are forfeited.

Amounts forfeited by participants who have terminated employment with the Company will be allocated first to reinstate previously forfeited account balances of reemployed

participants, then to pay plan administrative expenses, and any remainder used to reduce employer contributions. Forfeitures were $147 during 2009. At December 31, 2009 unallocated forfeitures were $5,013.

10. ADMINISTRATIVE EXPENSES

Certain administrative and support functions, including accounting and human resource services, performed by the Company are not charged to the Plan. Brokerage commissions, transfer taxes and other charges and expenses in connection with the purchase and sale of investments held in the funds are charged against the income of the applicable fund. During 2009, fees of $ 6,506 were paid by the Plan to the third party administrator.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits from the financial statements to the Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for benefits, per the financial statements	$5,349,590	$4,036,243
Amounts allocated to withdrawing participants	(34,240)	(62,900)
Net assets available for benefits, per Form 5500	$5,315,350	$3,973,343

The following is a reconciliation of benefits paid to participants from the financial statements to Form 5500 for the year ended December 31, 2009:

	2009
Benefits paid to participants, per the financial statements	$ 984,195
Plus: Amounts allocated to withdrawing participants at December 31, 2009	34,240
Less: Amounts allocated to withdrawing participants at December 31, 2008	(62,900)
Benefits paid to participants, per Form 5500	$ 955,535

Amounts allocated to withdrawing participants are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to December 31st of each year, but not yet paid as of that date.

12. TAX STATUS

The Plan was determined by the Internal Revenue Service (IRS) to be exempt from Federal income taxes. The Company was informed of this determination by the IRS in a letter dated June 13, 1995. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is designed and is currently being operated in accordance with the applicable provisions of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

13. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts sponsored by John Hancock. 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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

14. SUPPLEMENTAL SCHEDULE

The accompanying Schedule of Assets (Held at End of Year) is the only schedule included in as much as the other schedules specified in the regulations are not required for 2009.

G&R Management Services, Inc. 401(k) Plan and Trust **Supplemental Schedule**
EIN: 31-1041397; Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009 (unaudited)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	John Hancock	Lifecycle 2045		$ 16,591
*	John Hancock	Lifecycle 2040		12,306
*	John Hancock	Lifecycle 2035		28,663
*	John Hancock	Lifecycle 2030		16,708
*	John Hancock	Lifecycle 2025		2,012
*	John Hancock	Lifecycle 2020		51,155
*	John Hancock	Lifecycle 2015		865
*	John Hancock	Lifestyle Aggressive		255,331
*	John Hancock	Lifestyle Growth		817,745
*	John Hancock	Lifestyle Balanced		611,697
*	John Hancock	Lifestyle Moderate		77,895
*	John Hancock	Lifestyle Conservative		145,883
*	John Hancock	Natural Resources Fund		95,815
*	John Hancock	Royce Opportunity		189
*	John Hancock	International Small Cap Fund		93,557
*	John Hancock	International Opps Fund		1,968
*	John Hancock	Science & Technology Fund		214,873
*	John Hancock	DFA U.S. Small Cap Fund		116
*	John Hancock	Small Cap Growth Index		7,925
*	John Hancock	Small Cap Index Fund		24,074
*	John Hancock	Davis Financial		1,021
*	John Hancock	Financial Services Fund		8,329
*	John Hancock	American Century Vista		4,446
*	John Hancock	AIM Small Cap Growth		23,037
*	John Hancock	International Value Fund		87,885
*	John Hancock	Pacific Rim Fund		26,364
*	John Hancock	Mid Cap Stock Fund		82,585
*	John Hancock	Intl Equity Index Fund		1,984
*	John Hancock	International Core Fund		30,722
*	John Hancock	Small Cap Growth Fund		5,815
*	John Hancock	Franklin Small-Mid Growth		2,482
*	John Hancock	Legg Mason ClearBr Agg Growth		84
*	John Hancock	T. Rowe Price Health Sci		53,194
*	John Hancock	EuroPacific Growth Fund		55,621

See accompanying independent auditors' report and notes to financial statements.

G&R Management Services, Inc. 401(k) Plan and Trust **Supplemental Schedule**
EIN: 31-1041397; Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009 (unaudited)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	John Hancock	All Cap Growth Fund		41,100
*	John Hancock	Real Estate Securities Fund		87,587
*	John Hancock	Small Cap Value Fund		3,938
*	John Hancock	Small Cap Opportunities Fund		16,322
*	John Hancock	Optimized All Cap Fund		1,173
*	John Hancock	Mid Value Fund		46,928
*	John Hancock	Fundamental Investors		41,575
*	John Hancock	Columbia Value & Restructuring		13,213
*	John Hancock	JPM MidCap Value Fund		2,218
*	John Hancock	Small Company Value Fund		116,615
*	John Hancock	Franklin Balance Sheet		3,008
*	John Hancock	Value Fund		58,029
*	John Hancock	T. Rowe Price Sml Cap Val		17,860
*	John Hancock	Mid Cap Index Fund		16,370
*	John Hancock	Oppenheimer Global		8,142
*	John Hancock	Blue Chip Growth Fund		306,101
*	John Hancock	Large Cap Value Fund		8,297
*	John Hancock	Utilities Fund		36,172
*	John Hancock	All Cap Core Fund		44,254
*	John Hancock	MFS Utilities		2,136
*	John Hancock	BlackRock Large Value		580
*	John Hancock	Total Stock Market Index Fund		5,499
*	John Hancock	Templeton World		44,455
*	John Hancock	Capital Appreciation Fund		74,952
*	John Hancock	The Growth Fund of America		47,015
*	John Hancock	All Cap Value Fund		8,966
*	John Hancock	Mutual Global Discovery		4,964
*	John Hancock	Large Cap Fund		212,456
*	John Hancock	Equity Income Fund		90,567
*	John Hancock	Fundamental Value Fund		59,370
*	John Hancock	Davis New York Venture		13,661
*	John Hancock	T. Rowe Price Equity Inc		8,666
*	John Hancock	500 Index Fund		213,145
*	John Hancock	Mutual Beacon		1,647

See accompanying independent auditors' report and notes to financial statements.

G&R Management Services, Inc. 401(k) Plan and Trust **Supplemental Schedule**
EIN: 31-1041397; Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009 (unaudited)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	John Hancock	Washington Mutual Investors		5,263
*	John Hancock	BlackRock Global Allocation		8,263
*	John Hancock	Investment Company of America		13,802
*	John Hancock	American Balanced Fund		72,197
*	John Hancock	Total Bond Market Fund		545
*	John Hancock	Global Bond Fund		62,449
*	John Hancock	Real Return Bond Fund		53,483
*	John Hancock	Total Return Fund		78,083
*	John Hancock	WAMCO U.S. Government Sec Fund		31,722
*	John Hancock	Short-Term Federal		664
*	John Hancock	Investment Qual Bond Fund		49,763
*	John Hancock	PIMCO Total Return		19,165
*	John Hancock	High Yield Fund		65,954
*	John Hancock	U.S. High Yield Bond Fund		13,492
*	John Hancock	LM Partners Global High Yield		5,598
*	John Hancock	Active Bond Fund		19,818
*	John Hancock	Strategic Bond Fund		30,627
*	John Hancock	T. Rowe Price Spectrum Inc		4,867
*	John Hancock	Strategic Income Opp Fund		2,191
*	John Hancock	Money Market Fund		310,480
*	John Hancock	3-Year Compound		4,057
*	John Hancock	5-Year Compound		16,924
*	John Hancock	10-Year Compound		5,229
			Total	$ 5,390,554

* Party-in-interest to Plan

Note: This schedule is based on unaudited information that has been certified as complete and accurate by the custodian, John Hancock Life Insurance Company

See accompanying independent auditors' report and notes to financial statements.