# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GALE BANKS ENGINEERING EMPLOYEE SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 09/01/1998

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

546 DUGGAN AVE.
AZUSA, CA 91702-5136

**2b** Employer Identification Number (EIN)
95-2687960

**2c** Sponsor's telephone number
626-691-2124

**2d** Business code (see instructions)
332900

**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. | 09/16/2010 | SUSAN C. HANSON |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

546 DUGGAN AVE.
AZUSA, CA 91702-5136

**3b** Administrator's EIN
95-2687960

**3c** Administrator's telephone number
626-691-2124

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

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 201 |
| **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** | 161 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 24 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 185 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 185 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 134 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
GALE BANKS ENGINEERING EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500.
GALE BANKS ENGINEERING

**D** Employer Identification Number (EIN)
95-2687960

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

**1** Coverage Information:

**(a)** Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY USA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 01-0233346 | 65838 | 27868 | 208 | 01/01/2009 | 12/31/2009 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 0 | 2833 |

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

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

ACTUARIAL BENEFITS CORP.
2790 SKYPARK DRIVE STE 300
TORRANCE, CA 90505

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 0 | 2833 | TPA FEES PAID | 5 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 17684 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 3900349 |

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 | 19729 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 5476 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 346 | | |
| | (4) Transferred from separate account | 7c(4) | 10334 | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 16156 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 35885 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 18189 | | |
| | (2) Administration charge made by carrier | 7e(2) | 12 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 18201 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 17684 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

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

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

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
GALE BANKS ENGINEERING EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GALE BANKS ENGINEERING

**D** Employer Identification Number (EIN)
95-2687960

## 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: LC 2025

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 1784 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 184035 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 272077 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 488160 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 913065 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 172465 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 7122 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SPECTRUM INC | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 8696 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 1560 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL RETURN | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 40612 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BD | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 78 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETN | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 12935 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 118407 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ALL ASSET | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AF AM BAL | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 16713 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: AF ICA | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 1037 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BRGLBALL | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK | | | |
| **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) | 2101 |

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

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

| **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) 1950 |
|---|---|---|

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

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

| **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) 42589 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP EQ INC

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

| **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) 98228 |
|---|---|---|

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

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

| **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) 59366 |
|---|---|---|

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

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

| **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) 1234 |
|---|---|---|

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

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

| **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) 29393 |
|---|---|---|

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

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

| **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) 40055 |
|---|---|---|

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

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

| **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) 10134 |
|---|---|---|

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

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

| **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) 4028 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LG CAP VAL

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

| **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) 3864 |
|---|---|---|

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

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

| **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) 27079 |
|---|---|---|

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

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

| **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) 48689 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **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) 20881 |
|---|---|---|

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

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

| **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) 25220 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VAL & REST

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

| **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) 21422 |
|---|---|---|

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

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

| **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) 14452 |
|---|---|---|

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

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

| **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) 22063 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMP AGG GR

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

| **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) 997 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SM MD GRTH

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

| **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) 3230 |
|---|---|---|

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

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

| **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) 246 |
|---|---|---|

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

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

| **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) 4212 |
|---|---|---|

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

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

| **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) 7380 |
|---|---|---|

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

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

| **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) 3275 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMCP GR IN

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

| **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) 4285 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: US SML CAP

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

| **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) 73324 |
|---|---|---|

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

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

| **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) 3762 |
|---|---|---|

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

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

| **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) 1510 |
|---|---|---|

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

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

| **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) 76040 |
|---|---|---|

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

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

| **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) 106996 |
|---|---|---|

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

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

| **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) 267 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **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) 3759 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LG CAP EQ

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **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) 510446 |
|---|---|---|

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

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

| **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) 1236 |
|---|---|---|

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

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

| **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) 1240 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: IDX 500

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

| **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) 157988 |
|---|---|---|

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

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

| **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) 16583 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS LRG CAP

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

| **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) 3629 |
|---|---|---|

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

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

| **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) 1533 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS CAP APP

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

| **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) 4960 |
|---|---|---|

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

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

| **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) 28172 |
|---|---|---|

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

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

| **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) 6689 |
|---|---|---|

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

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

| **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) 2339 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS MID VAL

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

| **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) 4336 |
|---|---|---|

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

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

| **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) 336 |
|---|---|---|

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

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

| **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) 3636 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS SML VAL

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

| **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) 3739 |
|---|---|---|

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

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

| **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) 54228 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS ALL GR

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

| **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) 2332 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS SM GRTH

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

| **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) 3683 |
|---|---|---|

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

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

| **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) 12860 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS MC ST

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

| **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) 20093 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS IT VL

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

| **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) 7065 |
|---|---|---|

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

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

| **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) 13879 |
|---|---|---|

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

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

| **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) 2312 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS INTL OP

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

| **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) 12348 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS INT SM

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

| **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) 20136 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VS NAT RES

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

| **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) 3774 |
|---|---|---|

**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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
GALE BANKS ENGINEERING EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GALE BANKS ENGINEERING

**D** Employer Identification Number (EIN)
95-2687960

## 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 | 3582 | 30166 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 19729 | 17684 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 59097 | 114521 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 2933193 | 3900349 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** | Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 3015601 | 4062720 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | 0 |
| **h** | Operating payables | 1h | 0 | 0 |
| **i** | Acquisition indebtedness | 1i | 0 | 0 |
| **j** | Other liabilities | 1j | 0 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3015601 | 4062720 |

## 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) | 147586 | |
| | **(B)** Participants | 2a(1)(B) | 443023 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 34762 | |
| | **(2)** Noncash contributions | 2a(2) | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 625371 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 346 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 7207 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7553 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | 0 | |
| (B) Other | 2b(5)(B) | 0 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 753142 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 0 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1386066 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 335988 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 335988 |
| **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) | 2959 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 2959 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 338947 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 1047119 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MAGINNIS KNECHTEL & MCINTYRE (2) EIN: 95-2746188

**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 | | 300000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
GALE BANKS ENGINEERING EMPLOYEE SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GALE BANKS ENGINEERING

**D** Employer Identification Number (EIN)
95-2687960

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# GALE BANKS ENGINEERING
# EMPLOYEE SAVINGS PLAN

**For the years ended**
**December 31, 2009 and 2008**

**GALE BANKS ENGINEERING**
**EMPLOYEE SAVINGS PLAN**
**INDEX**

AUDITOR'S REPORT

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

Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009

NOTES TO FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULE

I. Schedule of Assets Held for Investment Purposes as of December 31, 2009

Maginnis Knechtel & McIntyre LLP
Certified Public Accountants and Consultants

950 South Arroyo Parkway
Pasadena, CA 91105-3931
(626) 449-3466
Fax (626) 577-9361

# INDEPENDENT AUDITOR'S REPORT

Administration Committee
Gale Banks Engineering Employee Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Gale Banks Engineering Employee Savings Plan 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 assets held for investment purposes as of December 31, 2009. These financial statements and 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 E, which was certified by John Hancock Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Maginnis Knechtel McIntyre LLP

Pasadena, California
July 29, 2010

**GALE BANKS ENGINEERING**
**EMPLOYEE SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**AS OF DECEMBER 31, 2009 AND 2008**

| | 2009 | 2008 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Cash | $ 30,166 | $ 3,582 |
| Guaranteed interest accounts | 17,684 | 19,729 |
| Pooled accounts and mutual funds | 3,900,349 | 2,933,193 |
| Participant loans | 114,521 | 59,097 |
| Total investments | 4,062,720 | 3,015,601 |
| Receivables: | | |
| Employer contributions | 5,511 | - |
| Participant contributions | 15,949 | - |
| Total receivables | 21,460 | - |
| Net assets available for benefits | $ 4,084,180 | $ 3,015,601 |

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

**GALE BANKS ENGINEERING**
**EMPLOYEE SAVINGS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**FOR THE YEAR ENDED DECEMBER 31, 2009**

| | |
|---|---|
| Additions to net assets attributed to: | |
| Investment income | |
| Net appreciation in fair value of investments | $ 753,142 |
| Interest | 7,552 |
| Contributions | |
| Employer | 153,098 |
| Participants | 458,972 |
| Rollovers | 34,762 |
| Total additions | 1,407,526 |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 335,988 |
| Administrator fees | 2,959 |
| Total deductions | 338,947 |
| Net increase | 1,068,579 |
| Net assets available for benefits | |
| Beginning of year | 3,015,601 |
| End of year | $ 4,084,180 |

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

**GALE BANKS ENGINEERING**
**EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

## A. Description of Plan

The following description of the Gale Banks Engineering ("Company") Employee Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution 401(k) plan covering all employees of the Company who have completed six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Each participant may make the following types of contributions to the Plan: employer discretionary profit sharing contributions (currently inactive), employer discretionary matching contributions, participant contributions and catch up contributions for participants age 50 and over. Participants may also make rollover contributions from other qualified plans. The Company may match 50% of participant contributions up to 6% of participant compensation. Participants may contribute up to 100% of their gross pay (excluding bonuses) subject to limitations set forth by the Internal Revenue Service ("IRS").

### Participant accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution and adjusted for earnings or losses from investments. The participant is responsible for directing the investments of all assets in his or her individual account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

All participants are 100% vested in their own contribution accounts and the actual earnings thereon. Vesting in employer contributions and the earnings thereon is based on years of credited service, as defined in the Plan provisions. Participants are 100% vested after six years of credited service.

### Investment options

Upon enrollment in the Plan, a participant may direct employee contributions into any of several investment funds or money market account options available under the Plan.

Participants may change their investment options daily.

## A. Description of Plan, continued

### Participant loans

Participants may borrow against their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms are generally from 1-5 years, or up to 10 years for the purchase of a primary residence. A percentage of the participant's vested account balance equal to the amount borrowed divided by the participant's vested account balance is pledged as security for repayment of loans. The loans bear interest at the prime rate plus 2%, ranging from 5.25% to 10.25% at December 31, 2009 and 2008. Principal and interest is paid ratably through periodic payroll deductions.

### Expenses

Administration expenses of the Plan are paid by the Company.

### Payment of benefits

Upon termination of service, participants with a vested interest in the Plan of more than $5,000 may elect to receive a lump-sum or installment payments equal to the vested value of their account or to defer distribution until retirement, as defined in the Plan's provisions. Employees choosing to defer their distribution continue to participate in investment gains and losses but are no longer eligible for matching contributions by the Company. Terminated employees with a vested account value in the Plan of $5,000 or less may receive benefits only in a lump-sum distribution.

### Forfeitures

Upon termination of service, a participant forfeits any nonvested employer contributions and earnings thereon. At December 31, 2009 and 2008, forfeited nonvested accounts were $30,166 and $3,582. These forfeitures may be used to pay plan administration expenses or to offset future matching contributions by the Company. For the year ended December 31, 2009, no forfeitures were used to offset company matching contributions.

## B. Summary of significant accounting policies

### Basis of accounting and use of estimates

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

## B. Basis of accounting and use of estimates, continued

### Valuation of investments

The Plan's investments are stated at fair value. Shares of registered investment companies (mutual funds) are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Participant loans are valued at cost which approximates fair value.

### Payment of benefits

Benefits are recorded when paid.

### Date of management's review

Management has evaluated subsequent events through July 29, 2010, the date the financial statements were available to be issued.

## C. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

| | | Fair Value Measurements Using: | |
|---|---|---|---|
| December 31, 2009 | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | $ 3,900,349 | $ 3,900,349 | $ - |
| Investment contract with insurance company | 17,684 | 17,684 | - |
| Participant loans | 114,521 | - | 114,521 |
| Total | $ 4,032,554 | $ 3,918,033 | $ 114,521 |

## C. Fair Value Measurements, continued

| December 31, 2008 | Fair Value | Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1) | Fair Value Measurements Using: Significant Unobservable Inputs (Level 3) |
|---|---|---|---|
| Mutual funds | $ 2,933,193 | $ 2,933,193 | $ - |
| Investment contract with insurance company | 19,729 | 19,729 | - |
| Participant loans | 59,097 | - | 59,097 |
| Total | $ 3,012,019 | $ 2,952,923 | $ 59,097 |

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

### Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

### Level 3 Fair Value Measurements

The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

## C. Fair Value Measurements, continued

The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

| | Participant Loans |
|---|---|
| December 31, 2009 | |
| Beginning balance | $ 59,097 |
| Total gains or losses (realized and unrealized) included in changes in net assets available for benefits | - |
| Purchases, sales, issuances, and settlements (net) | 55,424 |
| Ending balance | $114,521 |
| December 31, 2008 | |
| Beginning balance | $ 74,115 |
| Total gains or losses (realized and unrealized) included in changes in net assets available for benefits | - |
| Purchases, sales, issuances, and settlements (net) | (15,018) |
| Ending balance | $ 59,097 |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in investment income.

## D. Investments

Plan assets are held in a brokerage account at John Hancock Financial. Trading activity is directed by participants directly and through authorization of John Hancock Financial, the Plan's contract administrator.

## D. Investments, continued

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

| | December 31, 2009 | |
|---|---|---|
| | Shares | Fair value |
| JH Lifestyle Growth | 3,255 | $ 913,065 |
| JH Lifestyle Balanced | 2,415 | 488,160 |
| JH Lifestyle Moderate | 1,693 | 272,077 |
| Money Market Fund | 39,048 | 510,446 |

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

| | December 31, 2008 | |
|---|---|---|
| | Shares | Fair value |
| JH Lifestyle Growth | 3,106 | $ 644,667 |
| JH Lifestyle Balanced | 2,477 | 375,268 |
| JH Lifestyle Moderate | 1,603 | 200,632 |
| JH Lifestyle Conservative | 1,035 | 152,532 |
| Money Market Fund | 47,846 | 624,224 |

## E. Information prepared and certified by trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

| | 2009 | 2008 |
|---|---|---|
| Investments, at fair value: | | |
| Guaranteed interest accounts | $ 17,684 | $ 19,729 |
| Pooled accounts and mutual funds | 3,900,349 | 2,933,193 |
| Participant loans | 114,521 | 59,097 |
| Investment income (loss) | 760,694 | (1,143,328) |

## NOTES TO FINANCIAL STATEMENTS

### F. Reconciliation of financial statements to Schedule H of Form 5500

Reconciliation

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500.

| | December 31, 2009 |
|---|---|
| Net assets available for benefits per the financial statements | $ 4,084,180 |
| Contributions receivable | (21,460) |
| Net assets available for benefits per Schedule H of Form 5500 | $ 4,062,720 |

The following is a reconciliation of contributions received or receivable per the financial statements to Form 5500.

| | Year ended December 31, 2009 | |
|---|---|---|
| | From employer | From participants |
| Contributions received or receivable per the financial statements | $ 5,511 | $ 15,949 |
| Contributions receivable (timing difference) | (5,511) | (15,949) |
| Contributions received or receivable per Schedule H of Form 5500 | $ - | $ - |

### G. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by John Hancock Life Insurance Company. John Hancock Life Insurance Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

### H. Plan termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan's termination, participants become fully vested in their accounts.

**GALE BANKS ENGINEERING**
**EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

## I. Tax status

The trust established for the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the IRS and, although the Plan has been amended subsequent to the receipt of such, the Company believes that the Plan continues to qualify and to operate as designed.

The U.S. federal jurisdiction in which the Plan files its annual return has a statute of limitations of three years. No open tax returns are currently under examination in the U.S. federal jurisdiction.

## J. Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, 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 statement of net assets available for benefits.

# SUPPLEMENTAL SCHEDULE

**ATTACHMENT TO FORM 5500**
**SCHEDULE H, PART IV, LINE 4 i**

**GALE BANKS ENGINEERING**
**EMPLOYEE SAVINGS PLAN**
**PLAN 001**
**E.I.N. 95-2687960**

**Schedule of Assets Held for Investment Purposes as of December 31, 2009**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, i.e. maturity date, rate of interest, collateral, par | (d) Cost ** | (e) Current value |
|---|---|---|---|---|
| * | John Hancock | Forfeitures account | | $ 30,166 |
| * | John Hancock | Guaranteed interest accounts | | 17,684 |
| * | John Hancock | JH Lifestyle Conservative | | 184,035 |
| * | John Hancock | JH Lifestyle Moderate | | 272,077 |
| * | John Hancock | JH Lifestyle Balanced | | 488,160 |
| * | John Hancock | JH Lifestyle Growth | | 913,065 |
| * | John Hancock | JH Lifestyle Aggressive | | 172,465 |
| * | John Hancock | JH Short-Term Federal | | 118,407 |
| * | John Hancock | JH PIMCO Real Return | | 40,612 |
| * | John Hancock | JH PIMCO Total Return | | 12,935 |
| * | John Hancock | JH PIMCO Global Bond | | 78 |
| * | John Hancock | JH T. Rowe Price Spectrum Inc | | 8,696 |
| * | John Hancock | JH Strategic | | 7,122 |
| * | John Hancock | JH Salomon Bros High Yield | | 1,560 |
| * | John Hancock | JH American Funds Am Balanced | | 16,713 |
| * | John Hancock | JH American Funds Wash Mutual | | 1,950 |
| * | John Hancock | JH T. Rowe Price Equity Inc | | 98,228 |
| * | John Hancock | JH American Funds Inv Co Am | | 1,037 |
| * | John Hancock | JH Davis New York Venture | | 59,366 |
| * | John Hancock | JH Mutual Beacon | | 42,589 |
| * | John Hancock | JH Franklin Balance Sheet | | 20,881 |
| * | John Hancock | JH Mutual Discovery | | 29,393 |
| * | John Hancock | JH Lord Abbett Mid Cap Value | | 25,220 |
| * | John Hancock | JH MFS Utilities | | 27,079 |
| * | John Hancock | JH Merrill Lynch Large Value | | 3,863 |
| * | John Hancock | JH Excelsior Value & Restruct | | 21,422 |
| * | John Hancock | JH American Funds Growth Fund | | 40,055 |
| * | John Hancock | JH Jenn Growth | | 10,134 |

**ATTACHMENT TO FORM 5500**
**SCHEDULE H, PART IV, LINE 4 i**

**GALE BANKS ENGINEERING**
**EMPLOYEE SAVINGS PLAN**
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**E.I.N. 95-2687960**

**Schedule of Assets Held for Investment Purposes as of December 31, 2009**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, i.e. maturity date, rate of interest, collateral, par | (d) Cost ** | (e) Current value |
|---|---|---|---|---|
| * | John Hancock | JH Templeton World | | 4,028 |
| * | John Hancock | JH Oppenheimer Global | | 48,689 |
| * | John Hancock | JH American Funds EuroPacific | | 14,451 |
| * | John Hancock | JH Davis Financial | | 3,275 |
| * | John Hancock | JH Energy | | 106,996 |
| * | John Hancock | JH Smith Barney Aggressive Growth | | 997 |
| * | John Hancock | JH Vista | | 7,380 |
| * | John Hancock | JH Small Cap | | 4,285 |
| * | John Hancock | JH Opportunity | | 267 |
| * | John Hancock | JH Franklin Small-Mid Growth | | 3,230 |
| * | John Hancock | JH Explorer | | 246 |
| * | John Hancock | JH AIM Small Cap Growth | | 4,212 |
| * | John Hancock | JH T. Rowe Price Health Science | | 22,063 |
| * | John Hancock | JH Oppenheimer Develping Mkt | | 76,040 |
| * | John Hancock | JH T. Rowe Price Science & Technology | | 1,510 |
| * | John Hancock | Money Market Fund | | 510,446 |
| * | John Hancock | Quantitative Value Fund | | 16,583 |
| * | John Hancock | 500 Index Fund | | 157,988 |
| * | John Hancock | All Cap Value Fund | | 1,533 |
| * | John Hancock | Small Cap Value Fund | | 3,739 |
| * | John Hancock | Mid Value Fund | | 4,336 |
| * | John Hancock | Total Stock Market Index Fund | | 28,172 |
| * | John Hancock | Optimized All Cap Fund | | 336 |
| * | John Hancock | Small Cap Opportunities Fund | | 3,636 |
| * | John Hancock | Mid Cap Index Fund | | 2,339 |
| * | John Hancock | International Value Fund | | 7,065 |
| * | John Hancock | Intl Equity Index Fund | | 12,860 |
| * | John Hancock | Intl Small Cap Fund | | 20,136 |

**ATTACHMENT TO FORM 5500**
**SCHEDULE H, PART IV, LINE 4 i**

**GALE BANKS ENGINEERING**
**EMPLOYEE SAVINGS PLAN**
**PLAN 001**
**E.I.N. 95-2687960**

**Schedule of Assets Held for Investment Purposes as of December 31, 2009**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, i.e. maturity date, rate of interest, collateral, par | (d) Cost ** | (e) Current value |
|---|---|---|---|---|
| * | John Hancock | All Cap Growth Fund | | 2,332 |
| * | John Hancock | Mid Cap Stock Fund | | 20,093 |
| * | John Hancock | Small Cap Index Fund | | 13,880 |
| * | John Hancock | Small Cap Growth Fund | | 3,683 |
| * | John Hancock | Blue Chip Growth Fund | | 6,689 |
| * | John Hancock | Capital Appreciation Fund | | 4,960 |
| * | John Hancock | High Yield Fund | | 1,240 |
| * | John Hancock | International Opps Fund | | 12,348 |
| * | John Hancock | Large Cap Fund | | 3,629 |
| * | John Hancock | Natural Resources Fund | | 3,774 |
| * | John Hancock | Real Est. Securities Fund | | 54,228 |
| * | John Hancock | Science & Technology Fund | | 2,313 |
| * | John Hancock | U.S. High Yield Bond Fund | | 1,236 |
| * | John Hancock | Black Rock Global Allocation | | 2,101 |
| * | John Hancock | DFA Emerging Markets Value | | 3,759 |
| * | John Hancock | Jennison 20/20 Focus Fund | | 3,762 |
| * | John Hancock | Lifecycle 2025 | | 1,784 |
| * | John Hancock | Riversource Equity Value | | 1,234 |
| * | John Hancock | DFA U.S. Small Cap Fund | | 73,324 |
| | Participant Loans | Interest rates from 5.25% to 10.25% | $ - | 114,521 |
| | | | | $ 4,062,720 |

* Trustee for the Plan, therefore, a party-in-interest for which a statutory exemption exists

** Column (d) is blank as all investments, other than participant loans, are participant directed

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan; or
- ☒ a single-employer plan;
- ☐ a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GALE BANKS ENGINEERING EMPLOYEE SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 09/01/1998

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

546 DUGGAN AVE.

AZUSA CA 91702-5136

**2b** Employer Identification Number (EIN)
95-2687960

**2c** Sponsor's telephone number
626-691-2124

**2d** Business code (see instructions)
332900

**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** | Susan C. Hanson | 9-10-10 | Susan C. Hanson |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Susan C. Hanson | 9-10-10 | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

546 DUGGAN AVE.

AZUSA CA 91702-5136

**3b** Administrator's EIN: 95-2687960

**3c** Administrator's telephone number: 626-691-2124

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

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 201 |
| **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** | 161 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 24 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 185 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 185 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 134 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

Name of Plan: GALE BANKS ENGINEERING EMPLOYEE SAVINGS PLAN

►

Employer Identification Number:► 95-2687960

For plan year (beginning/ending):► 01/01/2009 TO 12/31/2009 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | JOHN HANCOCK | LC 2025 | | 1784 |
| | | LS CONSERV | | 184035 |
| | | LS MODERAT | | 272077 |
| | | LS BALANCE | | 488160 |
| | | LS GROWTH | | 913065 |
| | | LS AGGRESS | | 172465 |
| | | 3 YR COMP | | 15869 |
| | | 5 YR COMP | | 74 |
| | | 10 YR COMP | | 1740 |
| | | STRAGEGIC | | 7122 |
| | | SPECTRUM INC | | 8696 |
| | | HIGH YIELD | | 1560 |
| | | REAL RTRN | | 40612 |
| | | GLOBAL BD | | 78 |
| | | TOTAL RETN | | 12935 |
| | | SHORT TERM | | 118407 |
| | | AF AM BAL | | 16713 |
| | | AF ICA | | 1037 |
| | | BRGLBALL | | 2101 |
| | | AF WASHMUT | | 1950 |
| | | BEACON | | 42589 |
| | | TRP EQ INC | | 98228 |
| | | NY VENTURE | | 59366 |
| | | RSEQVAL | | 1234 |
| | | DISCOVERY | | 29393 |
| | | AF GROWTH | | 40055 |
| | | JENN GRWTH | | 10134 |
| | | WORLD | | 4028 |
| | | LG CAP VAL | | 3864 |
| | | UTILITIES | | 27079 |
| | | GLOBAL | | 48689 |
| | | BAL SHEET | | 20881 |
| | | JPM MCVALU | | 25220 |
| | | VAL & REST | | 21422 |
| | | EUROPAC | | 14452 |
| | | HEALTH SCI | | 22063 |
| | | LMP AGG GR | | 997 |
| | | SM MD GRTH | | 3230 |
| | | EXPLORER | | 246 |

| | | | | |
|---|---|---|---|---|
| | | SMALL GRTH | | 4212 |
| | | VISTA | | 7380 |
| | | FINANCIAL | | 3275 |
| | | SMCP GR IN | | 4285 |
| | | US SML CAP | | 73324 |
| | | JTTFOCUS | | 3762 |
| | | SCI TECH | | 1510 |
| | | DEVELP MKT | | 76040 |
| | | ENERGY | | 106996 |
| | | OPPORTUNTY | | 267 |
| | | EMERG MK | | 3759 |
| | | MONEY | | 510446 |
| | | VS USHIYLD | | 1236 |
| | | VS HIYLD | | 1240 |
| | | IDX 500 | | 157988 |
| | | OPT VALUE | | 16583 |
| | | VS LRG CAP | | 3629 |
| | | VS ALLCPVL | | 1533 |
| | | VS CAP APP | | 4960 |
| | | IDX TOTAL | | 28172 |
| | | VS BLUCP | | 6689 |
| | | IDX MID | | 2339 |
| | | VS MIDVAL | | 4336 |
| | | OPT ALLCP | | 336 |
| | | SM OPPS | | 3636 |
| | | VS SML VL | | 3739 |
| | | VS RESTS | | 54228 |
| | | VS ALL GR | | 2332 |
| | | VS SM GRTH | | 3683 |
| | | IDX INTL | | 12860 |
| | | VS MC ST | | 20093 |
| | | VS IT VL | | 7065 |
| | | IDX SMALL | | 13880 |
| | | VS SCTEC | | 2313 |
| | | VS INTL OP | | 12348 |
| | | VS INTSM | | 20136 |
| | | VS NAT RES | | 3774 |
| | | LOANS 5.25% - 10.25% | | 114520 |