Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1997

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

5900 BLACKWELDER STREET
CULVER CITY, CA 90232

2b Employer Identification Number (EIN) 11-3681654

2c Sponsor's telephone number 310-651-9866

2d Business code (see instructions) 812990

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.	10/01/2010	JOY SCHNEIDER
	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")
BW SUPPLIES, LLC

5900 BLACKWELDER STREET
CULVER CITY, CA 90232

3b Administrator's EIN
11-3681654

3c Administrator's telephone number
310-651-9866

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**	1290
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**	991
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	151
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1142
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1142
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	445
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	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)	X		**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
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
BW SUPPLIES, LLC

D Employer Identification Number (EIN)
11-3681654

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
01-0233346	65838	54018	445	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
8706	16308

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
DITULLIO AND ASSOC
2659 TOWNSGATE ROAD, #106
WESTLAKE VILLAGE, CA 91631-0000

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
8706			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
QBI, LLC
21021 VENTURA BLVD., 1ST FLOOR
WOODLAND HILLS, CA 91364

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	14499	TPA FEES PAID BY PLAN FORFEITURES	5

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

QBI, LLC
21021 VENTURA BLVD., 1ST FLOOR
WOODLAND HILLS, CA 91364

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	1801	TPA FORUM COMPENSATION	5

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

VANGUARD GROUP
P.O. BOX 2600
VALLEY FORGE, PA 19482-2600

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	104933
5	Current value of plan's interest under this contract in separate accounts at year end	5	3909850

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	53492
c	Additions: (1) Contributions deposited during the year	7c(1)	8937		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2248		
	(4) Transferred from separate account	7c(4)	52380		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	63565
d	Total of balance and additions (add **b** and **c(6)**)			7d	117057
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11467		
	(2) Administration charge made by carrier	7e(2)	657		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	12124
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	104933

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

D Employer Identification Number (EIN)
11-3681654

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE CO.

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	30703	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

D Employer Identification Number (EIN)
11-3681654

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

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC RETIRE

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

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	0

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

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

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	1323

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

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

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	6513

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2025

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

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	1315

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2030

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

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	1688

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

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

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	50322

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

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

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	9280

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2045

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

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) 11623

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CONSERV

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

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) 281686

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MODERATE

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

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) 181488

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BALANCE

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

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) 616143

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

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

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) 694948

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGGRESS

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

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) 340908

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AF CAP WB

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

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) 7711

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

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

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) 2235

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SPECRUM I

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

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) 9986

a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPP INTB

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

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) 7821

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SM-MD GRTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	49443
a Name of MTIA, CCT, PSA, or 103-12 IE: JH EXPLORER			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	1226
a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL GRTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	37446
a Name of MTIA, CCT, PSA, or 103-12 IE: JH VISTA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	17149
a Name of MTIA, CCT, PSA, or 103-12 IE: JH FINANCIAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	1898
a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMCP GR IN			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	945
a Name of MTIA, CCT, PSA, or 103-12 IE: JH US SML CAP			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	1514
a Name of MTIA, CCT, PSA, or 103-12 IE: JH INTL VAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	139
a Name of MTIA, CCT, PSA, or 103-12 IE: JH SCI TECH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	104877
a Name of MTIA, CCT, PSA, or 103-12 IE: JH DEVELP MKT			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	110511

a Name of MTIA, CCT, PSA, or 103-12 IE: JH HIGH YIELD

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

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) 8124

a Name of MTIA, CCT, PSA, or 103-12 IE: JH REAL RTRN

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

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) 4948

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

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

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) 455

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TOTAL RETN

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

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) 35490

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

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

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) 39753

a Name of MTIA, CCT, PSA, or 103-12 IE: JH ALL ASSET

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

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) 472

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AF AM BAL

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

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) 10435

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AF ICA

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

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) 1755

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

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

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) 4107

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

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

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) 4678

a Name of MTIA, CCT, PSA, or 103-12 IE: JH BEACON			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	54211
a Name of MTIA, CCT, PSA, or 103-12 IE: JH TRP EQ INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	22431
a Name of MTIA, CCT, PSA, or 103-12 IE: JH NY VENTURE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	27340
a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCOVERY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	22414
a Name of MTIA, CCT, PSA, or 103-12 IE: JH CONTRA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	45786
a Name of MTIA, CCT, PSA, or 103-12 IE: JH AF GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	20000
a Name of MTIA, CCT, PSA, or 103-12 IE: JH JENN GRWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	62402
a Name of MTIA, CCT, PSA, or 103-12 IE: JH WORLD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	9441
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LG CAP VAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	20140
a Name of MTIA, CCT, PSA, or 103-12 IE: JH UTILITIES			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	5338

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

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

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) 11013

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

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

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) 5315

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

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

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) 9017

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

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

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) 25843

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

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

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) 95966

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

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

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) 13178

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

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

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) 1854

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

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

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) 3735

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS INTSM

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

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) 1506

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

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

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: JH DOMINI SOC

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

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) 5580

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

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

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) 5178

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MID CV

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

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: JH VS CAP APP

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

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) 6746

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

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

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) 7744

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

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

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) 63194

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

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

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) 20150

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS MIDVAL

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

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) 4739

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

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

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) 30152

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

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

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) 1639

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS SML VAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	3267
a Name of MTIA, CCT, PSA, or 103-12 IE: JH ENERGY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	87402
a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPPORTUNTY			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	885
a Name of MTIA, CCT, PSA, or 103-12 IE: JH INTL GROW			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	866
a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL CO			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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: JH EMERG MK			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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)	1128
a Name of MTIA, CCT, PSA, or 103-12 IE: JH GLOBAL ALL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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: JH LG CAP EQ			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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: JH RREEF			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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: JH BLUE CHIP			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO			
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: JH INTL OPPS

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

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: JH GLOBAL

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

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) 13375

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

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

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: JH RIVMIDVAL

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

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) 680

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

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

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: JH BAL SHEET

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

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) 28845

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

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

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) 3301

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

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

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) 20838

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

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

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) 20694

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

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

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) 2709

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LMP AGG GR

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

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) 2017

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

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

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: JH RCM TECH

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

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: JH MONEY

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

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) 369036

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS COR BND

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

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) 47604

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS REAL RT

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

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) 1708

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS GL BD

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

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) 179

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TOT BMKT

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

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) 398

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

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

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) 30177

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

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

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) 8973

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

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

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) 3361

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

D Employer Identification Number (EIN)
11-3681654

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	708	3386
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)	0	0
(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)	209737	167510
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	3043481	3909850
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	53492	104933
(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	3307418	4185679
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	3307418	4185679

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)	0	
(B) Participants	2a(1)(B)	420648	
(C) Others (including rollovers)	2a(1)(C)	1847	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		422495
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2248	
(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)	15784	
(F) Other	2b(1)(F)	4158	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22190
(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)	884862	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		884862
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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		1329547
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	397262	
(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)		397262
f Corrective distributions (see instructions)	2f		8871
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	30703	
(3) Investment advisory and management fees	2i(3)	14450	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		45153
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		451286
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		878261
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: FIRTH-SMITH & ARCHIBALD, LLP (2) EIN: 95-4714778

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		460492
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		150000
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
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

D Employer Identification Number (EIN)
11-3681654

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):

BW SUPPLIES, LLC

401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

WITH

INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2009

Frith-Smith & Archibald, LLP, Certified Public Accountants

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of net assets available for plan benefits, December 31, 2009 and December 31, 2008	2
Statement of changes in net assets available for plan benefits, year ended December 31, 2009	3
Notes to financial statements	4 - 10
SUPPLEMENTARY INFORMATION:	
Form 5500 - Part IV, line (4i) - Schedule of assets held for investment purposes during the plan year (unaudited)	11 -13
Form 5500, Line 4a - Schedule of Delinquent Participant Contributions	14

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of the
BW Supplies, LLC 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of BW Supplies, LLC 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules 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 4, which was certified by John Hancock Life Insurance, Co., 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, 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.

Frith-Smith & Archibald, LLP

Tarzana, California
August 10, 2010

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Statement of Net Assets Available for Plan Benefits
December 31,

	2009	2008
ASSETS:		
INVESTMENTS		
Investment in Mutual fund accounts	$ 3,909,850	$ 3,043,481
Investment in Guaranteed interest accounts	104,933	53,492
Investments as fair market value	4,014,783	3,096,973
Participant loans	167,510	209,737
Total investments	4,182,293	3,306,710
CASH FUNDS	3,386	708
Total Assets	4,185,679	3,307,418
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 4,185,679	$ 3,307,418

-See auditor's report and accompanying notes-

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Plan Benefits
Year ended December 31, 2009

ADDITIONS	
Additions to net assets attributed to	
Investment income	
Net appreciation in fair market value of investments	$ 884,862
Interest Income	2,248
Interest on late contributions	4,158
Participants loan interest	15,784
Total investment income	907,052
CONTRIBUTIONS	
Participant contributions	420,648
Rollovers	1,847
Total contributions	422,495
Total addition	1,329,547
DEDUCTIONS	
Benefits paid	406,133
Administrative fees	45,153
Total deductions	451,286
Net decrease	878,261
NET ASSETS AVAILABLE FOR PLAN BENEFITS	
Beginning of year	3,307,418
End of year	$ 4,185,679

-See auditor's report and accompanying notes-

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009 and 2008

1. DESCRIPTION OF PLAN

The following description of the BW Supplies, LLC 401(k) Profit Sharing Plan (the Plan) provides only general information. (See note 8 for name change.) Participants should refer to the plan document for a more complete description of the Plan's provisions. Refer to note 4 for a list of the investment funds.

General - The Plan is a 401(k) profit sharing plan covering all full-time employees of BW Supplies, LLC and includes all companies of Burke Williams, (the "Company"). The Plan covers all full time employees who have six months of service and are age 18 or older. The plan administrator controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). As of October 15, 2007, the Company added one-time enrollment period. The Plan and Trust were hereby amended as adopted on March 17, 2009 to be effective retroactive to January 1, 2009 (see note 8).

Contribution and Participant Accounts - Each year participants may contribute from 1% to 100% of their pre-tax annual compensation up to the Internal Revenue Service limit. The IRS limit for 2009 is $16,500. The Company will match contributions on behalf of each eligible participant at the rate of 25% on the first 4% of their pay that is contributed to the Plan. As of January 1, 2009, the Company suspended company matching contributions to the Plan due to uncertain global economic environment.

Each participant's account is credited with the participant's contributions and withdrawals, as applicable, and allocations of company contributions and plan earnings. Allocations are based on participant earnings or account balances, as defined.

Rollover Contributions - Rollovers from other plans in order to avoid current taxation are allowed.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's contribution portion of the participants' accounts plus actual earnings in the Plan thereon is based on the following schedule:

Years of Service Completed	Percent Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participants become fully vested, regardless of the vesting table, at age 65, total and permanent disability, death, or deferred retirement.

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009 and 2008

1. DESCRIPTION OF PLAN (continued)

Withdrawals - Participants may withdraw funds in the event of termination of employment, retirement, death, or permanent disability. Withdrawals that are not rolled over into an individual retirement account or another plan may have tax consequences. The participants may receive distribution from the Plan prior to their termination of employment and they can withdraw from the Plan in the event of financial hardship if they satisfy certain conditions. Generally, the participants may request a pre-retirement withdraw and hardship distribution from their fully vested accounts in the Plan. The amount of hardship distribution cannot exceed the amount needed to meet the immediate financial hardship. In addition, the distribution will be limited to the amount of a participant's 401(k) contributions (no investment income).

Loans to Participants - Participants may borrow from their fund accounts up to 50% of their vested account balance. The minimum loan available is $1,000. Participants may have no more than one loan per year or more than one loan at a time. Loan transactions are treated as a transfer between the investment fund and the loan fund. Loan terms shall not exceed five years and shall be determined by the plan administrator. The loans are secured by the balance in the participants' accounts and bear interest at a rate commensurate with local prevailing rates, as determined by the plan administrator. Principal and interest are paid ratably through the bi-weekly payroll deductions.

Payment of Benefits - On termination of service, a participant may elect either to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, or an option to rollover to an individual retirement account.
The adoption agreements state that the employer may elect to distribute a participant's vested account balance of its value, determined as of a date following the participant's termination if the value is $5,000 (or lesser amount elected in the adoption agreement).

Income Tax Status - The Internal Revenue Service has determined and informed the plan sponsor by letter that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"), and the underlying trust is, therefore, exempt from taxation under Section 501(a) of the IRC. The Company believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan Termination - Although it has not expressed any intention to do so, the employer has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of any termination of the Plan, or upon complete or partial discontinuance of contributions, the accounts of each participant shall become fully vested.

Forfeited Accounts - At the beginning of 2009 the balance was $708 and at the end of 2009 the balance was $3,386. For the year ended 2009, the forfeited balance of $11,947

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009 and 2008

1. DESCRIPTION OF PLAN (continued)

was reallocated for plan administrative fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Securities traded on the national securities exchange are valued at the last reported sales price on the last business day of the plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported in on that date are valued at the average of the last reported bid and asked prices. For certain corporate bonds that do not have an established fair value, the Plan's board of trustees of issuer with similar credit ratings. Participants loans are valued at their outstanding balances, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

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

Net appreciation and depreciation in fair market value of investments includes realized and unrealized gains and losses, respectively, on investments sold or held during the year.

Administrative expenses - The Plan's administrative expenses of $45,153 and $42,813 for 2009 and 2008, respectively were paid by the Plan to John Hancock Life Insurance, Co. and Qualified Benefits, Inc.

3. RELATED PARTY TRANSACTIONS

Certain plan investments are invested in shares of mutual funds managed by John Hancock Life Insurance, Co. The insurance company is the custodian of the Plan, and therefore, these transactions qualify as party-in-interest.

4. INFORMATION CERTIFIED BY THE TRUSTEE (Unaudited)

The following is a summary of the information regarding the Plan, included in the Plan's financial statements and schedule of assets held for investment purposes, which was prepared by the Trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the Trustee that the following is complete and accurate:

a) Investments as indicated on the Statements of Net Assets Available for Plan Benefits

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009 and 2008

4. INFORMATION CERTIFIED BY THE TRUSTEE (Unaudited) (continued)

b) Investment income, as indicated on the Statement of Changes in Net Assets Available for Plan Benefits

c) Investment information (see note 5)

d) Supplementary schedule of assets held for investment purposes during the plan year, December 31, 2009 and 2008

5. INVESTMENTS (Unaudited)

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

Investments at fair value, as determined by quoted market price:

Description of investment	2009	2008
JH Lifestyle Aggressive	$ 340,908	$ 248,222
JH Lifestyle Growth	694,948	542,288
JH Lifestyle Balanced	616,143	498,847
JH Lifestyle Conservative	281,686	309,530
Money Market Fund	369,036	221,094

The Plan's investments are held by a trust fund. During 2009 the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $884,862, as follows:

Investments at Fair Market Value:	2009	2008
Money Market	$ 369,036	$ 221,094
Investment in Mutual fund accounts excluding money market	3,540,814	2,822,387
Investment in Guaranteed accounts	104,933	53,492
	$ 4,014,783	$ 3,096,973

Investment income

Net appreciation (depreciation) in fair value of investments, net of fees and charges:

	2009	2008
Money Market	$ (1,747)	$ 1,286
Investment in Mutual fund accounts excluding money market	885,017	(1,353,396)
Investment in Guaranteed accounts	1,592	(302)
	884,862	(1,352,412)
Interest from Guaranteed accounts	2,248	1,673
	$ 887,110	$ (1,350,739)

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009 and 2008

5. INVESTMENTS (Unaudited) (continued)

Fair Value Measurements:

Fair Value Measurements, established a frame work for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2009 and 2008.

Pooled account: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Guaranteed interest account: Valued at the average of the last reported bid and asked prices of shares held by the Plan in the active market.

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

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009 and 2008

5. INVESTMENTS (Unaudited) (continued)

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

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

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,909,850	$	$	$ 3,909,850
Guaranteed interest account		104,933		104,933
Participants Loan			167,510	167,510
	$ 3,909,850	$ 104,933	$ 167,510	$ 4,182,293

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,043,481	$	$	$ 3,043,481
Guaranteed interest account		53,492		53,492
Participants Loan			209,737	209,737
	$ 3,043,481	$ 53,492	$ 209,737	$ 3,306,710

Level 3 Gains and Losses:

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

	Level 3 Assets Year Ended December 31, 2009
	Participants Loans
Balance beginning of year	$ 209,737
Realized gains/(losses)	
Unrealized gains/ (losses) related to the instruments still held at the reporting date	
Purchases, sales, issuance, and settlements (net)	(42,227)
Balance end of year	$ 167,510

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009 and 2008

6. RISK 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.

7. PROHIBITED TRANSACTIONS

As required by ERISA section 2510-3-102, the Plan Sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in not more than 5 business days following the payroll pay date. Total contributions and loans prepayments were late each pay period by 5-109 days. The Company alerted their third party administrator that they were late in making their contributions. Therefore, the company made their interest payments of $4,158 during 2009 which represents undeposited lost earnings on late contributions.

8. SUMMARY OF MATERIAL MODIFICATION

There were material modification of the Plan effective January 1, 2009.

1) Burke Williams, Ltd., II as "the Employer" and as "the Plan Sponsor" shall be amended and known as "BW Supplies, LLC".
2) "Burke Williams, Ltd., II 401(k) Profit Sharing Plan" shall be amended and known as "BW Supplies, LLC 401(k) Profit Sharing Plan".
3) The "Employer Tax ID Number" shall be amended and known as "11-3681654".
4) The "Entity Type" shall be amended and known as "Limited Liability Company".

SUPPLEMENTARY INFORMATION

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Supplementary Notes to Financial Statements
December 31, 2009 and 2008

1. Form 5500 - Part IV, line (4i) - Schedule of assets held for investment purposes during the plan year (unaudited)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	2009 (e) Current Value	2008 (e) Current Value
		10 Year Compound Account	$ 3,784	$ 3,322
		3 Year Compound Account	91,230	36,755
		5 Year Compound Account	9,918	13,414
		500 Index Fund	30,177	23,979
		All Cap Growth Fund	5,315	3,918
		All Cap Value Fund	5,178	3,626
		American Balanced Fund	10,435	28,935
		Columbia Value & Restructuring	20,838	12,811
		Global Bond Fund	455	114
		Intel Equity Index Fund		6,378
		International Small Cap Fund	1,506	2,607
		International Value Fund	139	
		International Value Fund		55,848
		Int'l Equity Index Fund	9,017	
		Investment Company of America	1,755	
		Investment Company of America		19,451
*	Trustee	JH AF CAP WB	7,711	
*	Trustee	JH AF Growth	20,000	
*	Trustee	JH AIM Small Cap Growth	945	20,646
*	Trustee	JH Allianz RCM Tech Fund		2,528
*	Trustee	JH American Century Small Co		2,153
*	Trustee	JH American Century Vista	17,149	12,372
*	Trustee	JH American Funds EuroPacific	20,694	14,926
*	Trustee	JH BlackRock Large Value	20,140	15,993
*	Trustee	JH Brglball	4,107	
*	Trustee	JH Columbia Marsico Intl Opps		2,725
*	Trustee	JH Davis Financial		5,632
*	Trustee	JH Davis New York Venture	27,340	21,797
*	Trustee	JH DFA Emerging Markets Value	1,128	706
*	Trustee	JH DFA International Value	95,966	2,631
*	Trustee	JH Domini Social Equity	5,580	5,938

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Supplementary Notes to Financial Statements
December 31, 2009 and 2008

1. Form 5500 - Part IV, line (4i) - Schedule of assets held for investment purposes during the plan year (unaudited) (continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	2009 (e) Current Value	2008 (e) Current Value
*	Trustee	JH DWS RPEEF Real Estate	$	$ 9,653
*	Trustee	JH Energy	87,402	58,141
*	Trustee	JH Explorer	1,226	920
*	Trustee	JH Fidelity Contrafund	45,786	34,034
*	Trustee	JH Financial	1,898	
*	Trustee	JH Franklin Balance Sheet	28,845	21,915
*	Trustee	JH Franklin Small-Mid Growth	49,443	30,839
*	Trustee	JH Jennison Growth	62,402	42,015
*	Trustee	JH John Hancock Classic Value		1,494
*	Trustee	JH John Hancock Intl Growth	866	869
*	Trustee	JH John Hancock Strategic Income	2,235	1,439
*	Trustee	JH Legg Mason Growth		4,084
*	Trustee	JH Legg Mason Value		264
*	Trustee	JH Legg Partners Agg Growth	2,017	4,474
*	Trustee	JH Lifecycle 2015	1,323	205
*	Trustee	JH Lifecycle 2020	6,513	1,690
*	Trustee	JH Lifecycle 2025	1,315	720
*	Trustee	JH Lifecycle 2030	1,688	856
*	Trustee	JH Lifecycle 2035	50,323	35,513
*	Trustee	JH Lifecycle 2040	9,281	2,928
*	Trustee	JH Lifecycle 2045	11,623	10,167
*	Trustee	JH Lifestyle Aggressive	340,908	248,222
*	Trustee	JH Lifestyle Balanced	616,143	498,847
*	Trustee	JH Lifestyle Conservative	281,686	309,530
*	Trustee	JH Lifestyle Growth	694,948	542,288
*	Trustee	JH Lifestyle Moderate	181,488	135,607
*	Trustee	JH LM Partners GIB High Yield	8,124	8,286
*	Trustee	JH MFS Utlities	5,338	3,794
*	Trustee	JH Mutual Beacon	54,211	39,744
*	Trustee	JH Mutual Discovery	22,414	18,633
*	Trustee	JH Opp Intb	7,821	
*	Trustee	JH Oppenheimer Developing Market	110,511	96,599
*	Trustee	JH Oppenheimer Global	13,375	8,143
*	Trustee	JH PIMCO All Asset	472	352
*	Trustee	JH PIMCO Global Bond		40,141
*	Trustee	JH PIMCO Real Return	4,948	23,099

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Supplementary Notes to Financial Statements
December 31, 2009 and 2008

1. Form 5500 - Part IV, line (4i) - Schedule of assets held for investment purposes during the plan year (unaudited) (continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	2009 (e) Current Value	2008 (e) Current Value
*	Trustee	JH PIMCO Total Return	$ 35,490	$ 35,890
*	Trustee	JH RiverSource Mid Cap Value	680	688
*	Trustee	JH Royce Opportunity	885	454
*	Trustee	JH Short Term Federal	39,753	15,908
*	Trustee	JH T. Rowe Price Blue Chip		$ 38,164
*	Trustee	JH T. Rowe Price Equity Income	22,431	15,270
*	Trustee	JH T. Rowe Price Health Sci	2,709	1,879
*	Trustee	JH T. Rowe Price Sci & Technology	104,877	55,610
*	Trustee	JH T. Rowe Price Spectrum Income	9,986	8,718
*	Trustee	JH Templeton World	9,441	8,010
*	Trustee	JH UBS Global Allocation		4,655
*	Trustee	JH UBS U.S. Large Cap Equity		1,872
*	Trustee	JH US SML Cap	1,514	
*	Trustee	JH VS Blue Chip	63,194	
*	Trustee	JH VS Capital Appreciation	6,746	
*	Trustee	JH VS Core Bond	47,604	
*	Trustee	JH VS Global Bond	179	
*	Trustee	JH VS IntL OP	3,734	
*	Trustee	JH VS Large Cap	3,361	
*	Trustee	JH VS Real Return	1,708	
*	Trustee	JH VS Restructuring	11,013	
*	Trustee	JH VS Science Tech	1,854	
		JPM Mid Cap Value Fund	3,301	2,256
		Lyfecycles Retirement		124
		Mid Cap Index Fund	20,150	14,671
		Mid Cap Stock Fund	25,843	16,937
		Mid Cap Value Fund	4,739	95
		Mid Value Fund		2,802
		Money Market Fund	369,036	221,094
		Optimized All Cap Fund	30,152	22,557
		Optimized Value Fund	8,973	6,769
		Small Cap Growth Index	37,446	721
		Small Cap Index Fund	13,178	10,465
		Small Cap Opportunities Fund	1,639	4,649
		Small Cap Value Fund	3,267	2,284
		The Growth Fund of American		18,571

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN
Supplementary Notes to Financial Statements
December 31, 2009 and 2008

1. Form 5500 - Part IV, line (4i) - Schedule of assets held for investment purposes during the plan year (unaudited) (continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	2009 (e) Current Value	2008 (e) Current Value
		Total Bond Market Fund	$ 398	$ 4,202
		Total Stock Market Index Fund	7,744	4,795
		Washington Mutual Investors	4,678	22,153
		Participants Loans - 6% to 10.25%	167,510	209,737
			$ 4,182,293	$ 3,306,710

2. Form 5500, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 460,492	None	$ 460,492	None	

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

For the plan year beginning **01/01/2009** and ending **12/31/2009**

Name of plan
BW Supplies, LLC 401(k) Profit Sharing Plan

Employer Identification Number
11-3681654

Three-digit 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 USA	Jh Templeton World		9,441
*	John Hancock USA	JH Jennison Growth		62,402
*	John Hancock USA	Lifecycle 2030		1,688
*	John Hancock USA	Optimized All Cap Fund		30,152
*	John Hancock USA	Lifecycle 2020		6,513
*	John Hancock USA	JH Fidelity ContraFund		45,786
*	John Hancock USA	Lifecycle 2015		1,323
*	John Hancock USA	Total Stock Market Index Fund		7,744
*	John Hancock USA	Plan Forfeitures		3,386
*	John Hancock USA	JH AF CAP WB		7,711
*	John Hancock USA	JH BlackRock Large Value		20,140
*	John Hancock USA	JH Domini Social Equity		5,580
*	John Hancock USA	JH VS Intl OP		3,734
*	John Hancock USA	JH MFS Utilities		5,338
*	JOhn Hancock USA	JH VS Science Tech		1,854
*	John Hancock USA	Small Cap Opportunities Fund		1,639
*	John Hancock USA	JH VS Restructuring		11,013
*	John Hancock USA	Small Cap Value Fund		3,267
*	JOhn Hancock USA	Small Cap Growth Index		37,446
*	John Hancock USA	JH RiverSource Mid Cap Value		680
*	John Hancock USA	MId Cap Value Fund		4,739
*	John Hancock USA	All Cap Growth Fund		5,315
*	John Hancock USA	International Small Cap Fund		1,506
*	John Hancock USA	JH Mutual Discovery		22,414
*	John Hancock USA	JH Franklin Balance Sheet		28,845
*	John Hancock USA	JH Opp Intb		7,821
*	John Hancock USA	Columbia Value & Restructuring		20,838
*	John Hancock USA	JH Mutual Beacon		54,211
*	John Hancock USA	500 Index Fund		30,177
*	John Hancock USA	JH Davis New York Venture		27,340
*	John Hancock USA	JH VS Blue Chip		63,194
*	John Hancock USA	Optimized Value Fund		8,973
*	John Hancock USA	JH Brglball		4,107
*	John Hancock USA	JH T. Rowe Price Equity Inc		22,431
*	John hancock USA	All Cap Value Fund		5,178
*	John Hancock USA	JPM MidCap Value Fund		3,301
*	John Hancock USA	JH PIMCO All Asset		472
*	John Hancock USA	JH VS Capital Appreciation		6,746
*	John Hancock USA	JH LM Partners Glb High Yield		8,124

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

For the plan year beginning **01/01/2009** and ending **12/31/2009**

Name of plan
BW Supplies, LLC 401(k) Profit Sharing Plan

Employer Identification Number
11-3681654

Three-digit 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 USA	JH John Hancock Strategic INc		2,235
*	John Hancock USA	JH T. Rowe Price Spectrum Inc.		9,986
*	John Hancock USA	JH Financial		1,898
*	John Hancock USA	JH PIMCO Total Return		35,490
*	John Hancock USA	JH PIMCO Real Return		4,948
*	John Hancock USA	JH Short-Term Federal		39,753
*	John Hancock USA	Money Market Fund		369,036
*	JOhn Hancock USA	Various Participant Loans		167,510
*	John Hancock USA	3 year Guaranteed		91,230
*	John Hancock USA	5 year Guaranteed		9,918
*	John Hancock USA	10 year Guaranteed		3,784
*	John Hancock USA	Jh US SML CAP		1,514

Schedule H, line 4i
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For the plan year beginning **01/01/2009** and ending **12/31/2009**

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(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 USA	JH Lifecycle 2045		11,623
*	John Hancock USA	JH Lifecycle 2040		9,281
*	John Hancock USA	Jh Lifecycle 2035		50,322
*	John Hancock USA	JH Lifecycle 2025		1,315
*	John Hancock USA	JH Lifestyle Aggressive		340,908
*	John Hancock USA	JH Lifestyle Growth		694,948
*	John Hancock USA	JH Lifestyle Balanced		616,143
*	John Hancock USA	Jh Lifestyle Moderate		181,488
*	John Hancock USA	JH Lifestyle Conservative		281,686
*	John Hancock USA	JH VS Large Cap		3,361
*	John Hancock USA	JH T. Rowe Price Sci & Tech		104,877
*	John Hancock USA	JH Oppenheimer Developing Mkt		110,511
*	John Hancock USA	JH DFA Emerging Markets Value		1,128
*	John Hancock USA	JH T. Rowe Price Health Sci		2,709
*	John Hancock USA	American Balanced Fund		10,435
*	John Hancock USA	JH AIM Small Cap Growth		945
*	John Hancock USA	JH Explorer		1,226
*	John Hancock USA	JH Franklin Small-Mid Growth		49,443
*	John Hancock USA	JH Royce Opportunity		885
*	John Hancock USA	Small Cap Index Fund		13,178
*	John Hancock USA	JH VS Global Bond		179
*	John Hancock USA	JH American Century Vista		17,149
*	John Hancock USA	Washington Mutual Investors		4,678
*	John Hancock USA	JH AF Growth		20,000
*	John Hancock USA	Jh Legg Partners Agg Growth		2,017
*	John Hancock USA	Mid Cap Stock Fund		25,843
*	John Hancock USA	Jh Energy		87,402
*	John Hancock USA	Investment Company of America		1,755
*	John Hancock USA	JH VS Real Return		1,708
*	John Hancock USA	JH VS Core Bond		47,604
*	John Hancock USA	Global Bond Fund		455
*	John Hancock USA	JH John Hancock Intl Growth		866
*	John Hancock USA	Intl Equity Index Fund		9,017
*	John Hancock USA	JH DFA International Value		95,966
*	John Hancock USA	JH American Funds EuroPacific		20,694
*	John Hancock USA	International Value Fund		139
*	John Hancock USA	Jh Oppenheimer Global		13,375
*	John Hancock USA	Total Bond Market Fund		398
*	John Hancock USA	Mid Cap Index Fund		20,150