Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOGAN MFG., INC. MONEY PURCHASE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/30/1965

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

P.O. BOX 398
ESCALON, CA 95320

2b Employer Identification Number (EIN) 94-2314454

2c Sponsor's telephone number 209-838-7323

2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	MARK HOGAN
	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")
HOGAN MFG., INC.

P.O. BOX 398
ESCALON, CA 95320

3b Administrator's EIN
94-2314454

3c Administrator's telephone number
209-838-7323

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**	171
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**	139
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	154
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	152
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:
2C 3D 2G 2T 2F

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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
HOGAN MFG., INC. MONEY PURCHASE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2314454

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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		6134	Yes [X] No [ ]	Yes [ ] No [X]	24852	Yes [ ] No [X]

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

TOTAL BENEFIT SERVICES, INC.

7595 N. DEL MAR
FRESNO, CA 93711

77-0063124

(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?
13		6676	Yes [X] No [ ]	Yes [ ] No [X]	3936	Yes [ ] No [X]

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

VALLEY WEALTH INC.

1101 SYLVAN AVE #B6
MODESTO, CA 95350

26-1224812

(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?
26 27		18925	Yes [ ] No [X]	Yes [ ] No [ ]	0	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 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
HOGAN MFG., INC. MONEY PURCHASE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2314454

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	352464	339223
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5739614	7477030
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6092078	7816253
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6092078	7816253

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)	339223	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	997	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		340220
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1637809
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1978029
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	222119	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		222119
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	12810	
(3) Investment advisory and management fees	2i(3)	18925	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		31735
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		253854
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1724175
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ANDERSON MCCOY & CO., CPA S (2) EIN: 80-0292167

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
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
HOGAN MFG., INC. MONEY PURCHASE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2314454

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): 31-4156830

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** 15

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** 339223

b Enter the amount contributed by the employer to the plan for this plan year **6b** 339223

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** 0

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):

Financial Statements
&
Report of Independent
Certified Public Accountant

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

DECEMBER 31, 2009 AND 2008

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

FINANCIAL STATEMENTS

TABLE OF CONTENTS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

NOTES TO FINANCIAL STATEMENTS

SUPPLEMENTAL INFORMATION

ANDERSON
McCOY & CO.
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT

To the Administrative Committee of
HOGAN MFG., INC. MONEY PURCHASE PENSION PLAN

We were engaged to audit the accompanying statements of net assets available for benefits of Hogan Mfg., Inc. Money Purchase Pension Plan as of December 31, 2009 and December 31, 2008, and the related statement of changes in net assets available for benefits for the years ended December 31, 2009 and December 31, 2008 and the supplemental schedule of (1) Schedule H line 4i-Schedule of Assets Held at December 31, 2009. These financial statements and supplemental 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 Notes D, E, F, and K which were certified by Nationwide Trust Company, FSB, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008, and for the years ended December 31, 2009 and December 31, 2008 that the information provided to the plan administrator by the custodian is complete and accurate.

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

Anderson McCoy & Co.
Anderson McCoy & Co.
Modesto, CA
October 7, 2010

3320 Tully Road, Suite 7 • Modesto, CA 95350 • phone 209 527-2233 • fax 209 527-0653

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

Statement of Net Assets Available for Plan Benefits
December 31, 2009 and 2008

	2009	2008
ASSETS:		
Investments at fair value		
Mutual Funds - Nationwide	7,477,030	5,739,614
Total investments	$ 7,477,030	$ 5,739,614
Employer contributions receivable	339,223	352,464
TOTAL ASSETS	$ 7,816,253	$ 6,092,078
LIABILITIES:		
None	-0-	-0-
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,816,253	$ 6,092,078

See accompanying notes.

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

Statement of Changes in Net Assets Available for Plan Benefits
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 1,637,809	$ (1,984,656)
Interest and dividends	-0-	7,589
Other Income (Loss)	-0-	-0-
	$ 1,637,809	$ (1,977,067)
Contributions:		
Employer	339,223	352,464
Other (including rollovers)	997	-0-
TOTAL ADDITIONS (REDUCTIONS)	$ 1,978,029	$ (1,624,603)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits payments	$ 222,119	$ 598,511
Administrative expense	31,735	24,788
TOTAL DEDUCTIONS	$ 253,854	$ 623,299
NET INCREASE (DECREASE)	$ 1,724,175	$ (2,247,902)
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year	6,092,078	8,339,980
End of year	$ 7,816,253	$ 6,092,078

See accompanying notes.

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

NOTE A - DESCRIPTION OF PLAN:

The following description of the Hogan Mfg., Inc. Money Purchase Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for more complete information.

GENERAL

The Plan is a defined contribution money purchase plan covering substantially all employees of Hogan Mfg., Inc. (the Company), except those covered by a collective bargaining agreement. All employees who have completed 1000 hours of service may participate in the Plan. The Plan provides for retirement, disability and death.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company has met the minimum funding requirement of ERISA.

EMPLOYER CONTRIBUTIONS

The Company contributes 5% of each covered participant's annual compensation including overtime and discretionary bonuses.

VESTING

Participant accounts are 100% vested after six years of service. To earn a year of service the participant must be credited with at least 1000 hours of service during a plan year.

TRUSTEE

The Plan Trustee is Mark Hogan. Assets of the plan were held by Nationwide Trust Company (the Custodian) under a custodial agreement with the Company. The investment decisions are directed by each plan participant.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

PAYMENT OF BENEFITS

On termination of service a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in installments as defined by the Plan.

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The financial statements of Hogan Mfg., Inc. Money Purchase Pension Plan have been prepared in conformity with generally accepted accounting principles as applied to pension plans, and in accordance with the Plan agreement. A summary of the significant accounting policies applied in the preparation of the accompanying financial statement follows:

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at the year end. See Note K - fair value measurements.

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

EXPENSES OF THE PLAN

The fees of Nationwide Trust Company and the investment advisory fees were charged to the Plan. The investment advisory and management fees charged to the Plan for 2009 was $31,735 and for 2008 was $24,788. The Plan sponsor pays the administrative cost of the Plan associated with Plan communication, auditing and recordkeeping as well as provides equipment, personnel and supplies to administer the Plan.

FORFEITED FUNDS

Forfeited funds, which consist of non-vested employer contributions of withdrawn participants, are used to offset the Company contribution in the year of withdrawal. During 2009, there were 7 forfeited accounts, in the amount of $14,339. In 2008 there were 8 forfeited accounts, in the amount of $14,370.

ESTIMATES

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

RECORDING OF BENEFITS

Benefits are recorded when paid.

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

NOTE C - INCOME TAXES:

The plan obtained its latest determination letter on August 30, 2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Internal Revenue Service has deemed all amendments acceptable under the Internal Revenue Code.

NOTE D - INFORMATION CERTIFIED BY PLAN CUSTODIANS:

The Plan Custodians have provided certification that the following information, which is contained in or used to develop the financial statements, is complete and accurate:

1. Details and summaries of assets held at December 31, 2009 and 2008.
2. Details and summaries of the cash statement for the years ended December 31, 2009 and 2008.
3. Summaries of asset transactions for the years ended December 31, 2009 and 2008.

NOTE E - INVESTMENTS:

The Plan investments (including investments bought, sold, and held during the year) appreciated <depreciated> in value by $1,637,809 and $(1,984,656) in 2009 and 2008 respectively.
Net appreciation (depreciation) in fair value is as follows:

	2009	2008
U.S. Govt. obligations	$ -0-	$ -0-
Debt securities	-0-	-0-
Common equity securities	-0-	-0-
Domestic equity mutual funds	-0-	-0-
Short-term investments	-0-	-0-
Real estate	-0-	-0-
Mutual Funds(Participant-Directed)	1,637,809	(1,984,656)
	$ 1,637,809	$(1,984,656)

NOTE E - INVESTMENTS: (CONT'D)

The fair values of individual investments that comprise 5% or more of the Plan's assets were:

	2009	2008
MNNPRPRobld EXTND TRM S/A	$ 634,877	$ 521,932
MNNPRPRobld MOD TRM S/A	1,345,515	1,168,710
MNNPRPRobld CNSRV TRM S/A	1,487,547	1,337,603
MNNPRPRobld MAX TRM S/A	529,069	416,183
Opp Gold & SP Mineral FD A	731,117	427,836
NW Money Market Inst	573,697	458,516

NOTE F - PARTY-IN-INTEREST TRANSACTIONS:

The Plan engaged in the following party-in-interest transactions during the years ended December 31:

	2009	2008
Nationwide Trust Company, FSB (Plan Custodian):		
Fees and Commissions	$ 31,735	$ 24,788

Equipment, personnel, and supplies to administer the plan were provided by the Plan sponsor. Auditing fees paid by the Plan sponsor on behalf of the Plan were $10,500 in 2009 and $10,500 in 2008.

NOTE G - PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time. In the event of Plan termination, the full value of each participating employee's account becomes vested and non forfeitable, and the assets of the Plan are applied to the payment of such vested benefits.

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE-H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Schedule-H of Form 5500:

	2009	2008
Net assets available for benefits per financial statements	$ 7,816,253	$ 6,092,078
Rounding difference	-0-	-0-
NET ASSETS AVAILABLE FOR BENEFITS PER SCHEDULE-H OF FORM 5500	$ 7,816,253	$ 6,092,078

The following is a reconciliation of interest income per the financial statements for the year ended December 31, 2009 and 2008 to Schedule-H of Form 5500:

	2009	2008
Interest and dividend income per financial statements	$ -0-	$ 7,589
Rounding difference	-0-	-0-
INTEREST AND DIVIDEND INCOME PER SCHEDULE-H OF FORM 5500	$ -0-	$ 7,589

	2009	2008
Net Income (LOSS) reconciliation:		
Net income per financial statements	$ 1,724,175	$(2,247,902)
Rounding difference	-0-	-0-
NET INCOME (LOSS) PER SCHEDULE-H OF FORM 5500	$ 1,724,175	$(2,247,902)

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

NOTE I - RISK CONCENTRATIONS:

Deposits of cash and cash equivalents are maintained with Nationwide Trust Company, FSB (NW Money Market Inst.) and are not insured by the FDIC.
The balance in the money market fund was $573,697 at the statement date.

Investments primarily concentrated in mutual funds are comprised mostly of debt & equity securities and are subject to varying fluctuations as a result of changes in economic and business conditions. 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.

NOTE J - REGULATORY REQUIREMENTS:

All participant investments are 100% participant-directed. All investments represent interests issued by a company registered under the Investment Company Act of 1940. Almost all of the investments consist of the mutual funds.

NOTE K - FAIR VALUE MEASUREMENTS:

SFAS No. 157 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under SFAS No. 157 are described as follows:

NOTE K - FAIR VALUE MEASUREMENTS (CONT'D):

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

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

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

Common stocks, corporate bonds, and U.S. government securities: Valued at the closing price reported on the active market in which the individual securities traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Participant loans: Valued at amortized cost, which approximates fair value. Loans are currently not allowed by the plan.

NOTE K - FAIR VALUE MEASUREMENTS (CONT'D):

Guaranteed investment contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The preceding 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	$ 7,477,030	-0-	-0-	$ 7,477,030
	ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2008			
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Actual Funds	$ 6,092,078	-0-	-0-	$ 6,092,078

NOTE L - SUBSEQUENT EVENTS:

"None to report"

SUPPLEMENTAL INFORMATION

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN
ID #94-2314454 PLAN #001
Schedule-H, Part IV, Line 4i -
Schedule of Assets held for Investment Purposes
For the Year Ended December 31, 2009

(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
*	Nationwide Ins Co	AMCENT EQ INV		$ 30,674
*	Nationwide Ins Co	ALGER CAP APP INST I		109,009
*	Nationwide Ins Co	BARON ASSET FUND		23,914
*	Nationwide Ins Co	BLKRK ENERGY RSRC INV A		71,252
*	Nationwide Ins Co	AICF CAMBIAR OPPR INV		128,658
*	Nationwide Ins Co	CRM MDCAP VAL INC		215,070
*	Nationwide Ins Co	DREY SMCAP EQ A		5,977
*	Nationwide Ins Co	EV LGCAP VAL A		7,248
*	Nationwide Ins Co	MNNPRPROBLD EXTND TRM S		634,877
*	Nationwide Ins Co	MNNPRPROBLD MOD TRM S		1,345,515
*	Nationwide Ins Co	MNNPRPROBLD CNSRV TRM S		1,487,547
*	Nationwide Ins Co	MNNPR PROBLD MAX TRM S		529,069
*	Nationwide Ins Co	ABRDEN EQ LNG SHRT A		14,335
*	Nationwide Ins Co	NM MNY MKT INST		573,697
*	Nationwide Ins Co	HARBOR INTL INST		9,610
*	Nationwide Ins Co	JNS FRTY S		6,038
*	Nationwide Ins Co	JPM SMCAP EQ A		45,969
*	Nationwide Ins Co	LOOMIS SAYLES STRTGC INC A		$ 151,641

HOGAN MFG., INC.
MONEY PURCHASE PENSION PLAN
ID #94-2314454 PLAN #001
Schedule-H, Part IV, Line 4i -
Schedule of Assets held for Investment Purposes
For the Year Ended December 31, 2009

(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
*	Nationwide Ins Co	MFS UTIL R1		$ 7,401
*	Nationwide Ins Co	MFS INTL VAL A		34,756
*	Nationwide Ins Co	NW DEST 2015 A		13,602
*	Nationwide Ins Co	OPP DEVL MKT A		280,154
*	Nationwide Ins Co	OPP GOLD SPEC MNRLS A		731,117
*	Nationwide Ins Co	PRUDNTL JNSN NATRL RSRC A		233,423
*	Nationwide Ins Co	PIMCO TTL RTN INST		324,887
*	Nationwide Ins Co	RYDEX SER ENERGY FD AC		110,262
*	Nationwide Ins Co	RYDEX MGD FTR STRAT A		585
*	Nationwide Ins Co	RS GL NATRL RSRC A		65,118
*	Nationwide Ins Co	DWS REEF REALEST SEC A		80,628
*	Nationwide Ins Co	THORNBURG INTL VALUE FD I		56,130
*	Nationwide Ins Co	VANKAMP COMSTOCK FD A		134,956
*	Nationwide Ins Co	LEGGMWSTRASINFIND PLSBDINST		13,911
		TOTAL PLAN INVESTMENTS		$ 7,477,030

NOTES:

(*) REPRESENTS A PARTY IN INTEREST

(d) COLUMN (d) IS BLANK AS ALL INVESTMENTS ARE PARTICIPANT DIRECTED. THE INFORMATION IN THIS SCHEDULE HAS BEEN CERTIFIED BY NATIONWIDE TRUST COMPANY, FSB.

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
HOGAN MFG., INC. MONEY PURCHASE PENSION PLAN

Employer Identification Number
94-2314454

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
	NATIONWIDE INSURANCE COMPANY	AMCENT EQ INDX INV		30,674
	NATIONWIDE INSURANCE COMPANY	ALGER CAP APP INST I		109,009
	NATIONWIDE INSURANCE COMPANY	BARON ASSET FUND		23,914
	NATIONWIDE INSURANCE COMPANY	BLKRK ENRGY RSRC INV A		71,252
	NATIONWIDE INSURANCE COMPANY	AICF CAMBIAR OPPR INV		128,658
	NATIONWIDE INSURANCE COMPANY	CRM MDCAP VAL INC		215,070
	NATIONWIDE INSURANCE COMPANY	DREY SMCAP EQ A		5,977
	NATIONWIDE INSURANCE COMPANY	EV LGCAP VAL A		7,248
	NATIONWIDE INSURANCE COMPANY	MNNPRPROBLD EXTND TRM S		634,877
	NATIONWIDE INSURANCE COMPANY	MNNPRPROBLD MOD TRM S		1,345,515
	NATIONWIDE INSURANCE COMPANY	MNNPRPROBLD CNSRV TRM S		1,487,547
	NATIONWIDE INSURANCE COMPANY	MNNPR PROBLD MAX TRM S		529,069
	NATIONWIDE INSURANCE COMPANY	ABRDEN EQ LNG SHRT A		14,335
	NATIONWIDE INSURANCE COMPANY	NM MNY MKT INST		573,697
	NATIONWIDE INSURANCE COMPANY	HARBOR INTL INST		9,610
	NATIONWIDE INSURANCE COMPANY	JNS FRTY S		6,038
	NATIONWIDE INSURANCE COMPANY	JPM SMCAP EQ A		45,969
	NATIONWIDE INSURANCE COMPANY	LKOOMIS SAYLES STRTGC INC A		151,641
	NATIONWIDE INSURANCE COMPANY	MFS UTIL R1		7,401
	NATIONWIDE INSURANCE COMPANY	MFS INTL VAL A		34,756
	NATIONWIDE INSURANCE COMPANY	NW DEST 2015 A		13,602
	NATIONWIDE INSURANCE COMPANY	OPP DEVL MKT A		280,154
	NATIONWIDE INSURANCE COMPANY	OPP GOLD SPEC MNRLS A		731,117
	NATIONWIDE INSURANCE COMPANY	PRUDNTL JNSN NATRL RSRC A		233,423
	NATIONWIDE INSURANCE COMPANY	PIMCO TTL RTN INST		324,887
	NATIONWIDE INSURANCE COMPANY	RYDEX SER ENERGY FD AC		110,262
	NATIONWIDE INSURANCE COMPANY	RYDEX MGD FTR STRAT A		585
	NATIONWIDE INSURANCE COMPANY	RS GL NATRL RSRC A		65,118
	NATIONWIDE INSURANCE COMPANY	DWS REEF REALEST SEC A		80,628
	NATIONWIDE INSURANCE COMPANY	THORNBURG INTL VALUE FD I		56,130
	NATIONWIDE INSURANCE COMPANY	VANKAMP COMSTOCK FD A		134,956
	NATIONWIDE INSURANCE COMPANY	LEGGMWSTRASINFIND PLSBDINST		13,911