

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                             |

|         |                                                                                                                                                                                                                           |    |                                                    |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                    |    |                                                    |
| 1a      | Name of plan<br>ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                    | 1b | Three-digit plan number (PN) ▶ 001                 |
|         |                                                                                                                                                                                                                           | 1c | Effective date of plan<br>02/01/1995               |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>ABLE ENGINEERING & COMPONENT SERVICES, INC.<br><br>2920 EAST CHAMBERS ST.<br>PHOENIX, AZ 85040 | 2b | Employer Identification Number (EIN)<br>86-0798370 |
|         |                                                                                                                                                                                                                           | 2c | Sponsor's telephone number<br>602-304-1227         |
|         |                                                                                                                                                                                                                           | 2d | Business code (see instructions)<br>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. | 10/08/2010 | ALAN GOLD, CPA                                               |
|           | 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                      |

|                                                                                                                                                                                           |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ABLE ENGINEERING & COMPONENT SERVICES, INC.<br><br>2920 EAST CHAMBERS ST.<br>PHOENIX, AZ 85040 | <b>3b</b> Administrator's EIN<br>86-0798370<br><br><b>3c</b> Administrator's telephone number<br>602-304-1227 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                | <b>5</b>  | 172 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 162 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 12  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 174 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 174 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 124 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  |     |

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

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                                         |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>ABLE ENGINEERING &amp; COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN</div>              | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ABLE ENGINEERING &amp; COMPONENT SERVICES, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>86-0798370</div> |

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

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(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

5100 RINGS ROAD  
RR1-04-F6  
DUBLIN, OH 43017

31-4156830

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 37 63 64 65<br>72                | RECORDKEEPER                                                                                                         | 16935                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

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

MEEDER FINANCIAL CORPORATION

6125 MEMORIAL DRIVE  
DUBLIN, OH 43017

31-1332744

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 26 28                            | INVESTMENT<br>ADVISOR                                                                                                | 17165                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

LPL FINANCIAL

ATTN CARMELA WILLIAMS  
9785 TOWNE CENTER DRIVE  
SAN DIEGO, CA 92121

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 55                               | FINANCIAL                                                                                                            | 0                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

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

MATTHEWS, GOLD, KENNEDY SNOW

6530 N 16TH ST  
PHOENIX, AZ 85016

86-1001235

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 37 50                         | THIRD PARTY ADMIN                                                                                        | 2675                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                                                   |                     |              |
|--------------------|---------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | MANSPERGER PATTERSON & MCMULLIN                   | <b>b</b> EIN:       | 86-0751928   |
| <b>c</b> Position: | AUDITOR                                           |                     |              |
| <b>d</b> Address:  | 1222 E BASELINE ROAD SUITE 200<br>TEMPE, AZ 85283 | <b>e</b> Telephone: | 480-294-6819 |
|                    |                                                   |                     |              |

Explanation: BUSINESS NEED FOR MORE COMPREHENSIVE FINANCIAL SERVICES

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN;       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN;       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                              |                                                                 |     |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                   |                                                                 |     |
| <b>A</b> Name of plan<br>ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
|                                                                                                              |                                                                 |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ABLE ENGINEERING & COMPONENT SERVICES, INC. | <b>D</b> Employer Identification Number (EIN)<br><br>86-0798370 |     |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       | 23306           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       | 12086           |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 83294                 | 177342          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 2171352               | 3673552         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2254646               | 3886286         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2254646 | 3886286 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 297262     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 522857     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 188082     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1008201   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |      |      |
|------------------------------------------------------------------------------------------------------|-----------------|------|------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |      |      |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |      |      |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |      |      |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |      |      |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 7035 |      |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |      |      |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |      | 7035 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 781732    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1796968   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 144438 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 144438 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 3725   |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 17165  |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 20890  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 165328 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1631640 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: LARSON ALLEN, LLP

(2) EIN: 41-0746749

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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.).....                 |     | X  |        |
| <b>b</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.)..... |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                            |     | X  |        |
| <b>d</b> 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.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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? .....                                                                                                                                      |     | X  |        |
| <b>h</b> 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? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |

- 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                         |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ABLE ENGINEERING &amp; COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ABLE ENGINEERING &amp; COMPONENT SERVICES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>86-0798370</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>31-4156830</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2009  
v.092308.1

**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): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K)  
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION**

**YEARS ENDED DECEMBER 31, 2009 AND 2008**

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
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**INDEPENDENT AUDITORS' REPORT**

Plan Administrator  
Able Engineering & Component Services, Inc. 401(k) Profit Sharing Plan  
Phoenix, Arizona

We were engaged to audit the financial statements and supplemental schedule of Able Engineering & Component Services, Inc. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009, and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. 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 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated August 17, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 cited in Note 3, which was certified by Nationwide Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the 2009 financial statements and the supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*LarsonAllen LLP*

**LarsonAllen LLP**

Mesa, Arizona  
August 17, 2010

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2009 AND 2008**

|                                          | <u>2009</u>                | <u>2008</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| <b>INVESTMENTS (at Fair Value)</b>       |                            |                            |
| Mutual Funds                             | \$ 3,673,552               | \$ 2,171,352               |
| Participant Loans                        | 177,342                    | 83,294                     |
| Total Investments (At Fair Value)        | <u>3,850,894</u>           | <u>2,254,646</u>           |
| <b>RECEIVABLES</b>                       |                            |                            |
| Employee Contributions                   | 12,086                     | -                          |
| Employer Contributions                   | 23,306                     | -                          |
| Total Receivables                        | <u>35,392</u>              | <u>-</u>                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 3,886,286</u></u> | <u><u>\$ 2,254,646</u></u> |

See accompanying Notes to Financial Statements

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2009 AND 2008**

|                                                                                            | <u>2009</u>                | <u>2008</u>                |
|--------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| <b>ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE<br/>FOR BENEFITS ATTRIBUTED TO:</b> |                            |                            |
| <b>INVESTMENT INCOME (LOSS)</b>                                                            |                            |                            |
| Net Appreciation (Depreciation) in Fair Value of Investments                               | \$ 781,732                 | \$ (1,214,863)             |
| Interest and Dividends                                                                     | 7,035                      | 7,857                      |
| Total Investment Income (Loss)                                                             | <u>788,767</u>             | <u>(1,207,006)</u>         |
| <b>CONTRIBUTIONS</b>                                                                       |                            |                            |
| Employee                                                                                   | 522,857                    | 489,442                    |
| Employer                                                                                   | 297,262                    | 249,375                    |
| Rollovers                                                                                  | 188,082                    | 35,545                     |
| Total Contributions                                                                        | <u>1,008,201</u>           | <u>774,362</u>             |
| <b>BENEFITS PAID TO PARTICIPANTS</b>                                                       | (144,438)                  | (170,278)                  |
| <b>ADMINISTRATIVE EXPENSES</b>                                                             | <u>(20,890)</u>            | <u>(28,080)</u>            |
| <b>NET INCREASE (DECREASE)</b>                                                             | 1,631,640                  | (631,002)                  |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                                                  |                            |                            |
| Beginning of Year                                                                          | <u>2,254,646</u>           | <u>2,885,648</u>           |
| <b>END OF YEAR</b>                                                                         | <u><u>\$ 3,886,286</u></u> | <u><u>\$ 2,254,646</u></u> |

See accompanying Notes to Financial Statements

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009 AND 2008**

**NOTE 1     DESCRIPTION OF THE PLAN**

The following description of the Able Engineering & Component Services, Inc. (the "Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General and Eligibility**

The Plan is a defined contribution plan originally effective February 1, 1995. The Plan covers substantially all full time employees of Able Engineering & Component Services, Inc., Able Aerospace, Inc., and Able Systems and Technology, Inc with the exclusion of those employees covered under a collective bargaining agreement, non-resident alien employees, leased employees and independent contractors. The Plan has been amended and restated throughout the years to comply with tax legislation, and was last restated and amended effective January 1, 2009. Employees over age 18 with one year of service or, if earlier, three consecutive calendar months, are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Contributions**

The Plan includes a salary deferral arrangement allowed under section 401(k) of the Internal Revenue Code. Each participant may elect to defer a percentage of their compensation (up to 90%) by electing to have the Company contribute the deferral to the participant's account instead of paying the deferred amount in cash. The Plan also includes a Roth deferral option. Additionally, a participant who reaches age 50 by the end of the Plan year may defer an additional amount which is set by law. These are known as catch-up contributions.

The Employer provides a safe harbor employer matching contribution equal to a percentage of the participant's compensation. For the years ended December 31, 2009 and 2008, the safe harbor match was 100% of the amount of the participant's contribution, up to 3% of the participant's eligible compensation and 50% of participant's contributions of any percentage above 3% up to a maximum of 5% of eligible compensation. A participant must have completed one year of service or, if earlier, three consecutive calendar months, during the Plan year for a current year allocation of employer safe harbor matching contribution. The Company also offers a discretionary employer profit sharing contribution and additional matching contributions. For the years ended December 31, 2009 and 2008 no discretionary profit sharing contributions or additional matching contributions were approved. Contributions are subject to certain limitations.

Participants may also contribute amounts representing distributions from other qualified Plans. Participants direct the investments of contributions into various investment options offered by the Plan.

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009 AND 2008**

**NOTE 1     DESCRIPTION OF THE PLAN (CONTINUED)**

**Participant Accounts**

Each participant's individual account is credited with salary reduction contributions, employer safe harbor matching contributions, an allocation of Company discretionary contributions and Plan earnings or losses. Allocations of income to participants' accounts are based upon the earnings from the various investments that each participant has elected, as defined in the Plan. Income is allocated daily based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**Vesting**

Participants are immediately vested in their contributions and employer safe harbor matching contribution plus the actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is subject to a graded vesting schedule. A participant is 100% vested after five years of credited service or upon retirement, death, or disability.

**Participant Loans**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The Plan allows participants to borrow funds from the Plan based on certain conditions. Loans are repaid through payroll deductions. Loan terms are up to five years. The loans are secured by the balance in the participant's account and bear interest at a rate at one percent over prime at the time the loan is taken. At December 31, 2009, interest rates ranged from 4.25% to 9.25%.

**Benefit Payments**

Upon termination of service, death, disability, or normal retirement age, the participant will receive the value of the vested interest in his or her account in the form of a lump sum distribution. The Plan allows for hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator will authorize the benefit payment without the participant's consent. An account balance greater than \$1,000 but less than \$5,000 is rolled over to Individual Retirement accounts for terminated participants who have not requested a distribution or rollover.

**Forfeited Accounts**

Forfeited non-vested accounts are used to reduce future Employer contributions. There were no forfeited non-vested accounts as of December 31, 2009 and 2008. During the year ended December 31, 2009, forfeitures in the amount of \$2,889 were applied to reduce employer contributions.

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009 AND 2008**

**NOTE 2 SUMMARY OF ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements are prepared under the accrual method of accounting.

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investments in mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Participant loans are valued at amortized cost which approximates fair value.

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.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Fair Value Measurements**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2009 AND 2008**

**NOTE 2     SUMMARY OF ACCOUNTING POLICIES (CONTINUED)**

**Fair Value Measurements (Continued)**

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 that are used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2009 and 2008.

**Use of Estimates**

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

**Benefit Payments**

Benefit payments are recorded when paid.

**Administrative Expenses**

The Company pays certain administrative expenses on behalf of the Plan.

**Subsequent Events**

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through August 17, 2010, the date the financial statements were available to be issued.

**NOTE 3     INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN**

Nationwide Trust Company, the custodian of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2009 and 2008, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2009.

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009 AND 2008**

**NOTE 4 INVESTMENTS**

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

| Investment              | 2009       | 2008       |
|-------------------------|------------|------------|
| Nationwide Money Market | \$ 198,307 | \$ 301,198 |

During 2009 and 2008, the Plan's investment in mutual funds (including investments bought, sold and held during the year) appreciated (depreciated) by \$781,732 and \$(1,214,863), respectively.

**NOTE 5 FAIR VALUE OF INVESTMENTS**

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

| 2009                            |                     |             |                   |                     |
|---------------------------------|---------------------|-------------|-------------------|---------------------|
|                                 | Level 1             | Level 2     | Level 3           | Total               |
| Assets:                         |                     |             |                   |                     |
| Mutual Funds:                   |                     |             |                   |                     |
| Money Market Fund               | \$ 198,307          | \$ -        | \$ -              | \$ 198,307          |
| Small-Cap Stocks                | 224,249             | -           | -                 | 224,249             |
| Mid-Cap Stocks                  | 444,513             | -           | -                 | 444,513             |
| Large-Cap Stocks                | 1,005,605           | -           | -                 | 1,005,605           |
| Balanced Funds                  | 379,190             | -           | -                 | 379,190             |
| Bond Funds                      | 187,557             | -           | -                 | 187,557             |
| Short-Term Bond Funds           | 62,301              | -           | -                 | 62,301              |
| International Stocks            | 481,913             | -           | -                 | 481,913             |
| Specialty Funds                 | 689,917             | -           | -                 | 689,917             |
| Total Mutual Funds              | 3,673,552           | -           | -                 | 3,673,552           |
| Participant Loans               | -                   | -           | 177,342           | 177,342             |
| Total Investments at Fair Value | <u>\$ 3,673,552</u> | <u>\$ -</u> | <u>\$ 177,342</u> | <u>\$ 3,850,894</u> |
| 2008                            |                     |             |                   |                     |
|                                 | Level 1             | Level 2     | Level 3           | Total               |
| Assets:                         |                     |             |                   |                     |
| Mutual Funds                    | \$ 2,171,352        | \$ -        | \$ -              | \$ 2,171,352        |
| Participant Loans               | -                   | -           | 83,294            | 83,294              |
| Total Investments at Fair Value | <u>\$ 2,171,352</u> | <u>\$ -</u> | <u>\$ 83,294</u>  | <u>\$ 2,254,646</u> |

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009 AND 2008**

**NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)**

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31:

|                                     | 2009                 | 2008                 |
|-------------------------------------|----------------------|----------------------|
|                                     | Participant<br>Loans | Participant<br>Loans |
| Balance, Beginning of Year          | \$ 83,294            | \$ 107,590           |
| Purchases, Issuances and Settlement | 94,048               | (24,296)             |
| Balance, End of Year                | <u>\$ 177,342</u>    | <u>\$ 83,294</u>     |

**NOTE 6 PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**NOTE 7 PLAN TAX STATUS**

The Company adopted a Volume Submitter Profit Sharing Plan with a deferral arrangement which received a favorable determination letter from the Internal Revenue Service on March 31, 2008 which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since relying on the volume submitter determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**NOTE 8 RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities, primarily mutual funds. 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.

**NOTE 9 PARTY- IN-INTEREST TRANSACTIONS**

The Plan's investments are held by Nationwide Trust Company, the custodian. Therefore any investment or administrative fees paid during the year to Nationwide Trust Company qualify as party-in-interest transactions.

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**E.I.N. 86-0798370 PLAN NO. 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2009**

| (a) | (b)                                                     | (c)                                                                                                            | (d)        | (e)                        |
|-----|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|----------------------------|
|     | Identify of Issue, Borrower,<br>Lessor or Similar Party | Description of Investments, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | **<br>Cost | Current<br>Value           |
|     | Various                                                 | Total Mutual Funds (see attached schedule)                                                                     |            | \$ 3,673,552               |
| *   | Participant Loans                                       | Interest rates from 4.25% to 9.25%                                                                             | -          | <u>177,342</u>             |
|     |                                                         | Total Assets (Held at End of Year)                                                                             |            | <u><u>\$ 3,850,894</u></u> |

\* *Party-in-Interest*

\*\* *Cost omitted for participant directed investments*

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**E.I.N. 86-0798370 PLAN NO. 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2009**

**Schedule of Assets Held for Investment as of 12/31/2009**

| <b>Description of Assets</b> | <b>Market Value</b> | <b>Shares/Units Held</b> | <b>Cost</b> |
|------------------------------|---------------------|--------------------------|-------------|
| Aim Charter A                | 145,012.76          | 9,654.6447 s             | 131,242.38  |
| Aim Divrs Divd Inv           | 146,839.21          | 13,508.6673 s            | 129,601.99  |
| Aim Enrgy Inv                | 104,002.72          | 2,937.9298 s             | 101,317.12  |
| Abrden Devl Mkt A            | 9.68                | 0.6038 s                 | 741.95      |
| Alegnt Mdcap Val A           | 3,820.16            | 359.0376 s               | 4,421.33    |
| Alger Mdcap Gr Inst I        | 6,891.42            | 577.6546 s               | 8,639.41    |
| Amcent Gnma Adv              | 31.23               | 2.9242 s                 | 30.88       |
| Amcent Sm Co Adv             | 110.89              | 18.2987 s                | 115.69      |
| Amfds Amcap R5               | 49,425.89           | 2,961.4075 s             | 40,758.03   |
| Amfds Am Bal R5              | 92,074.18           | 5,676.5830 s             | 88,557.71   |
| Amfds Bd Fd Am R5            | 14,778.20           | 1,252.3897 s             | 13,958.06   |
| Amfds Cap Wld Gr Inc R5      | 104,795.36          | 3,074.9810 s             | 80,202.93   |
| Amfds Europacfc Gr R3        | 13,910.72           | 369.1806 s               | 15,013.73   |
| Amfds Europacfc Gr R5        | 73,832.88           | 1,928.7587 s             | 72,061.62   |
| Amfds Gr Fd Am R5            | 187,971.15          | 6,890.4379 s             | 163,451.43  |
| Baron Ptnrs                  | 18,979.31           | 1,213.5108 s             | 14,198.40   |
| Blkrk Eq Divd Inv A          | 9,735.85            | 615.4140 s               | 8,873.47    |
| Blkrk Gnma Inv A             | 31.33               | 3.0959 s                 | 30.93       |
| Blkrk Hlth Scnc Oppr Inv A   | 103,849.84          | 3,750.4456 s             | 101,992.24  |
| De Divrs Inc A               | 12,530.09           | 1,344.4301 s             | 12,489.41   |
| Dws Vs Lgcap Val A           | 158,602.20          | 9,869.4590 s             | 141,877.98  |
| Drey App                     | 25,350.12           | 756.2684 s               | 21,664.15   |
| Fidadv Levtr Co Stk A        | 98,225.37           | 3,542.2058 s             | 76,945.26   |
| Fnklnvtrfknlnbalshtinvmt A   | 12,259.38           | 287.0375 s               | 13,318.36   |
| Frst Am Realest Sec A        | 2,919.33            | 206.3130 s               | 2,679.37    |
| Gdmnses Shrt Dur Govt Inst   | 26,447.53           | 2,572.7168 s             | 26,451.69   |
| Harbor Intl Inst             | 9.84                | 0.1794 s                 | 11.94       |
| Harbor Mdcap Gr Inv          | 8,255.83            | 1,198.2338 s             | 9,061.05    |
| Heartland Val Pls Inv        | 1,119.84            | 47.8359 s                | 1,080.95    |

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**E.I.N. 86-0798370 PLAN NO. 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2009**

| Schedule of Assets Held for Investment as of 12/31/2009 (continued) |                               |                   |            |
|---------------------------------------------------------------------|-------------------------------|-------------------|------------|
| Description of Assets                                               | Market Value                  | Shares/Units Held | Cost       |
| Ivy Asset Strategy Fd Cl Y                                          | 76,968.32                     | 3,448.4007 s      | 73,269.75  |
| Ivy Divd Oppr Y                                                     | 5,515.27                      | 419.0934 s        | 4,262.35   |
| Ivy Intl Cor Eq Y                                                   | 1,950.90                      | 131.6398 s        | 1,942.36   |
| Ivy Large Cap Grth Fd Cl Y                                          | 15,261.45                     | 1,321.3377 s      | 13,495.96  |
| Ivy Science And Tech Fnd Y                                          | 181,771.36                    | 6,067.1351 s      | 141,717.80 |
| Jpm Trsry Agncy Sel                                                 | 17,343.13                     | 1,758.9382 s      | 17,478.36  |
| Jns Entrp S                                                         | 5,850.59                      | 124.7460 s        | 4,636.14   |
| Jns Frty S                                                          | 123,008.06                    | 3,902.5401 s      | 100,167.95 |
| Jns Prkns Mdcap Val S                                               | 10,661.58                     | 538.7358 s        | 8,760.06   |
| Lazard Emrg Mkt Eq Open                                             | 152,786.46                    | 8,358.1208 s      | 136,693.89 |
| Loomis Bd Admn                                                      | 101,323.15                    | 7,641.2634 s      | 93,320.66  |
| Loomis Sayles Strtgc Inc A                                          | 5,077.84                      | 367.9595 s        | 4,313.30   |
| Loomissayles Inv Grd Bnd A                                          | 11,883.15                     | 1,017.3931 s      | 11,897.57  |
| Mnnprprobl Cnsrv Trm S                                              | 8,292.45                      | 673.6352 s        | 7,944.34   |
| Mnnprprobl Extnd Trm S                                              | 17,460.16                     | 1,255.2235 s      | 15,275.41  |
| Mnnprprobl Max Trm S                                                | 131,559.07                    | 9,066.7866 s      | 117,480.73 |
| Mnnprprobl Mod Trm S                                                | 38,925.97                     | 3,257.4033 s      | 35,782.65  |
| Nw Mny Mkt Inst                                                     | 198,306.73                    | 175,823.2575 u    | 199,077.47 |
| Neuber Real Est Fd Tr                                               | 217.26                        | 24.6326 s         | 180.75     |
| Opp Intl Sm Co A                                                    | 115,508.38                    | 5,893.2847 s      | 96,341.41  |
| Pimco Ttl Rtn A                                                     | 18,484.66                     | 1,711.5423 s      | 18,398.67  |
| Pionr Cullen Val A                                                  | 9,559.16                      | 573.4349 s        | 7,276.30   |
| Pionr Emrg Mkt A                                                    | 12,764.05                     | 480.7551 s        | 10,917.32  |
| Prudntl Drydengblrealesta                                           | 18,774.45                     | 1,153.9305 s      | 17,190.00  |
| Prudntl Jnism Natrl Rsrc A                                          | 169,817.91                    | 3,761.1943 s      | 159,010.19 |
| Prudntl Jnism Util A                                                | 105,449.91                    | 11,486.9180 s     | 112,884.64 |
| Rdgwrth Intmd Bd I                                                  | 15,483.14                     | 1,483.0593 s      | 15,480.76  |
| Rdgwrth Lgcap Val Eq I                                              | 129,324.51                    | 11,778.1894 s     | 111,361.94 |
| Rdgwrth Mdcap Val Eq I                                              | 105,778.78                    | 10,631.0337 s     | 78,544.65  |
| Rdgwrth Smcap Val Eq I                                              | 147,725.94                    | 13,691.0041 s     | 119,126.98 |
| Scout Intl                                                          | 11,676.70                     | 400.7102 s        | 11,319.80  |
| Sntnl Govt Sec A                                                    | 7,832.72                      | 739.6336 s        | 7,824.86   |
| Tcw Ttl Rtn Bd N                                                    | 70.13                         | 6.8419 s          | 71.32      |
| Thornburg Intl Value Fd I                                           | 8,579.07                      | 338.1582 s        | 7,111.11   |
| Van Eck Gbl Hard Assets A                                           | 3,111.65                      | 76.0423 s         | 2,627.56   |
| Vankamp Smcap Val A                                                 | 75,292.32                     | 5,232.2672 s      | 73,125.99  |
| Vanguard Infl-Prot Secs Is                                          | 32.20                         | 2.5657 s          | 72.46      |
| Vic Estblshd Val A                                                  | 74,539.29                     | 3,219.8387 s      | 57,187.06  |
| Wfaf Common Stock Fnd Cl A                                          | 99,252.16                     | 6,048.2723 s      | 77,834.50  |
| Wfaf Short Dur Govt Bond A                                          | 18,509.96                     | 1,790.1323 s      | 18,663.56  |
| <b>Total for all Investments</b>                                    | <b>3,673,552.00 (Rounded)</b> |                   |            |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

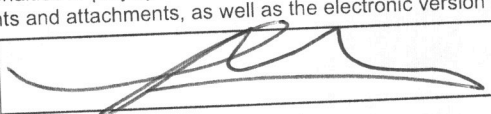
This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2009****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

- A** This return/report is for:
- ☐ a multiemployer plan; ☐ a multiple-employer plan; or  
☒ a single-employer plan; ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is:
- ☐ the first return/report; ☐ the final return/report;  
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ☐ ☐ the DFVC program;
- D** Check box if filing under:
- ☒ Form 5558; ☐ automatic extension;  
☐ special extension (enter description) \_\_\_\_\_

**Part II Basic Plan Information**—enter all requested information**1a** Name of plan ABLE ENGINEERING & COMPONENT SERVICES,  
INC. 401(K) PROFIT SHARING PLAN**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan 02/01/1995**2a** Plan sponsor's name and address (employer, if for a single-employer plan)  
(Address should include room or suite no.)  
ABLE ENGINEERING & COMPONENT  
SERVICES, INC.**2b** Employer Identification Number (EIN)  
86-0798370**2c** Sponsor's telephone number  
(602) 304-12272920 EAST CHAMBERS ST.PHOENIXAZ 85040**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<br>HERE |  | <u>10/6/10</u> | <u>Lee Benson</u>                                            |
|              | Signature of plan administrator                                                     | Date           | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                                                     |                |                                                              |
|              | Signature of employer/plan sponsor                                                  | Date           | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                                                     |                |                                                              |
|              | Signature of DFE                                                                    | Date           | Enter name of individual signing as DFE                      |

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

Form 5500 (2009)  
v.092307.1

Form 5500 (2009)

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

**3b** Administrator's EIN**3c** Administrator's telephone number

**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**

172

**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**

162

**b** Retired or separated participants receiving benefits**6b**

0

**c** Other retired or separated participants entitled to future benefits**6c**

12

**d** Subtotal. Add lines **6a**, **6b**, and **6c****6d**

174

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

0

**f** Total. Add lines **6d** and **6e****6f**

174

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g**

124

**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:

2A 2E 2G 2J 2K 3D

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**E.I.N. 86-0798370 PLAN NO. 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2009**

**Schedule of Assets Held for Investment as of 12/31/2009**

| <b>Description of Assets</b> | <b>Market Value</b> | <b>Shares/Units Held</b> | <b>Cost</b> |
|------------------------------|---------------------|--------------------------|-------------|
| Aim Charter A                | 145,012.76          | 9,654.6447 s             | 131,242.38  |
| Aim Divrs Divd Inv           | 146,839.21          | 13,508.6673 s            | 129,601.99  |
| Aim Enrgy Inv                | 104,002.72          | 2,937.9298 s             | 101,317.12  |
| Abrden Devl Mkt A            | 9.68                | 0.6038 s                 | 741.95      |
| Alegnt Mdcap Val A           | 3,820.16            | 359.0376 s               | 4,421.33    |
| Alger Mdcap Gr Inst I        | 6,891.42            | 577.6546 s               | 8,639.41    |
| Amcent Gnma Adv              | 31.23               | 2.9242 s                 | 30.88       |
| Amcent Sm Co Adv             | 110.89              | 18.2987 s                | 115.69      |
| Amfds Amcap R5               | 49,425.89           | 2,961.4075 s             | 40,758.03   |
| Amfds Am Bal R5              | 92,074.18           | 5,676.5830 s             | 88,557.71   |
| Amfds Bd Fd Am R5            | 14,778.20           | 1,252.3897 s             | 13,958.06   |
| Amfds Cap Wld Gr Inc R5      | 104,795.36          | 3,074.9810 s             | 80,202.93   |
| Amfds Europacfc Gr R3        | 13,910.72           | 369.1806 s               | 15,013.73   |
| Amfds Europacfc Gr R5        | 73,832.88           | 1,928.7587 s             | 72,061.62   |
| Amfds Gr Fd Am R5            | 187,971.15          | 6,890.4379 s             | 163,451.43  |
| Baron Ptnrs                  | 18,979.31           | 1,213.5108 s             | 14,198.40   |
| Blkrk Eq Divd Inv A          | 9,735.85            | 615.4140 s               | 8,873.47    |
| Blkrk Gnma Inv A             | 31.33               | 3.0959 s                 | 30.93       |
| Blkrk Hlth Scnc Oppr Inv A   | 103,849.84          | 3,750.4456 s             | 101,992.24  |
| De Divrs Inc A               | 12,530.09           | 1,344.4301 s             | 12,489.41   |
| Dws Vs Lgcap Val A           | 158,602.20          | 9,869.4590 s             | 141,877.98  |
| Drey App                     | 25,350.12           | 756.2684 s               | 21,664.15   |
| Fidadv Levtr Co Stk A        | 98,225.37           | 3,542.2058 s             | 76,945.26   |
| Fnklnvtrfknlnbalshtinvmt A   | 12,259.38           | 287.0375 s               | 13,318.36   |
| Frst Am Realest Sec A        | 2,919.33            | 206.3130 s               | 2,679.37    |
| Gdmnses Shrt Dur Govt Inst   | 26,447.53           | 2,572.7168 s             | 26,451.69   |
| Harbor Intl Inst             | 9.84                | 0.1794 s                 | 11.94       |
| Harbor Mdcap Gr Inv          | 8,255.83            | 1,198.2338 s             | 9,061.05    |
| Heartland Val Pls Inv        | 1,119.84            | 47.8359 s                | 1,080.95    |

**ABLE ENGINEERING & COMPONENT SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**E.I.N. 86-0798370 PLAN NO. 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2009**

| Schedule of Assets Held for Investment as of 12/31/2009 (continued) |                               |                   |            |
|---------------------------------------------------------------------|-------------------------------|-------------------|------------|
| Description of Assets                                               | Market Value                  | Shares/Units Held | Cost       |
| Ivy Asset Strategy Fd Cl Y                                          | 76,968.32                     | 3,448.4007 s      | 73,269.75  |
| Ivy Divd Oppr Y                                                     | 5,515.27                      | 419.0934 s        | 4,262.35   |
| Ivy Intl Cor Eq Y                                                   | 1,950.90                      | 131.6398 s        | 1,942.36   |
| Ivy Large Cap Grth Fd Cl Y                                          | 15,261.45                     | 1,321.3377 s      | 13,495.96  |
| Ivy Science And Tech Fnd Y                                          | 181,771.36                    | 6,067.1351 s      | 141,717.80 |
| Jpm Trsry Agncy Sel                                                 | 17,343.13                     | 1,758.9382 s      | 17,478.36  |
| Jns Entrp S                                                         | 5,850.59                      | 124.7460 s        | 4,636.14   |
| Jns Frty S                                                          | 123,008.06                    | 3,902.5401 s      | 100,167.95 |
| Jns Prkns Mdcap Val S                                               | 10,661.58                     | 538.7358 s        | 8,760.06   |
| Lazard Emrg Mkt Eq Open                                             | 152,786.46                    | 8,358.1208 s      | 136,693.89 |
| Loomis Bd Admn                                                      | 101,323.15                    | 7,641.2634 s      | 93,320.66  |
| Loomis Sayles Strtgc Inc A                                          | 5,077.84                      | 367.9595 s        | 4,313.30   |
| Loomissayles Inv Grd Bnd A                                          | 11,883.15                     | 1,017.3931 s      | 11,897.57  |
| Mnnprprobl Cnsrv Trm S                                              | 8,292.45                      | 673.6352 s        | 7,944.34   |
| Mnnprprobl Extnd Trm S                                              | 17,460.16                     | 1,255.2235 s      | 15,275.41  |
| Mnnprprobl Max Trm S                                                | 131,559.07                    | 9,066.7866 s      | 117,480.73 |
| Mnnprprobl Mod Trm S                                                | 38,925.97                     | 3,257.4033 s      | 35,782.65  |
| Nw Mny Mkt Inst                                                     | 198,306.73                    | 175,823.2575 u    | 199,077.47 |
| Neuber Real Est Fd Tr                                               | 217.26                        | 24.6326 s         | 180.75     |
| Opp Intl Sm Co A                                                    | 115,508.38                    | 5,893.2847 s      | 96,341.41  |
| Pimco Ttl Rtn A                                                     | 18,484.66                     | 1,711.5423 s      | 18,398.67  |
| Pionr Cullen Val A                                                  | 9,559.16                      | 573.4349 s        | 7,276.30   |
| Pionr Emrg Mkt A                                                    | 12,764.05                     | 480.7551 s        | 10,917.32  |
| Prudntl Drydnglbrlealesta                                           | 18,774.45                     | 1,153.9305 s      | 17,190.00  |
| Prudntl Jnism Natrl Rsrc A                                          | 169,817.91                    | 3,761.1943 s      | 159,010.19 |
| Prudntl Jnism Util A                                                | 105,449.91                    | 11,486.9180 s     | 112,884.64 |
| Rdgwrth Intmd Bd I                                                  | 15,483.14                     | 1,483.0593 s      | 15,480.76  |
| Rdgwrth Lgcap Val Eq I                                              | 129,324.51                    | 11,778.1894 s     | 111,361.94 |
| Rdgwrth Mdcap Val Eq I                                              | 105,778.78                    | 10,631.0337 s     | 78,544.65  |
| Rdgwrth Smcap Val Eq I                                              | 147,725.94                    | 13,691.0041 s     | 119,126.98 |
| Scout Intl                                                          | 11,676.70                     | 400.7102 s        | 11,319.80  |
| Sntnl Govt Sec A                                                    | 7,832.72                      | 739.6336 s        | 7,824.86   |
| Tcw Ttl Rtn Bd N                                                    | 70.13                         | 6.8419 s          | 71.32      |
| Thornburg Intl Value Fd I                                           | 8,579.07                      | 338.1582 s        | 7,111.11   |
| Van Eck Gbl Hard Assets A                                           | 3,111.65                      | 76.0423 s         | 2,627.56   |
| Vankamp Smcap Val A                                                 | 75,292.32                     | 5,232.2672 s      | 73,125.99  |
| Vanguard Infl-Prot Secs Is                                          | 32.20                         | 2.5657 s          | 72.46      |
| Vic Estblshd Val A                                                  | 74,539.29                     | 3,219.8387 s      | 57,187.06  |
| Wfaf Common Stock Fnd Cl A                                          | 99,252.16                     | 6,048.2723 s      | 77,834.50  |
| Wfaf Short Dur Govt Bond A                                          | 18,509.96                     | 1,790.1323 s      | 18,663.56  |
| <b>Total for all Investments</b>                                    | <b>3,673,552.00 (Rounded)</b> |                   |            |