Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

1172 AZALEA GARDEN ROAD
NORFOLK, VA 23502

2b Employer Identification Number (EIN)
54-1817115

2c Sponsor's telephone number
757-857-3600

2d Business code (see instructions)
315990

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.	10/10/2010	MICHAEL HARRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2010	MICHAEL HARRISON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
VANGUARD INDUSTRIES EAST, INC.

1172 AZALEA GARDEN ROAD
NORFOLK, VA 23502

3b Administrator's EIN
54-1817115

3c Administrator's telephone number
757-857-3600

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**	165
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**	154
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	168
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	168
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	132
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
VANGUARD INDUSTRIES EAST, INC.

D Employer Identification Number (EIN)
54-1817115

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	23783	150	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7162	5930

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PICKERING INSURANCE SERVICES
1365 WEST VISTA WAY
SUITE 200
VISTA, CA 92083

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7162			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAMPBELL ALBRECHT
250 N. WESTLAKE BLVD
SUITE 100
WESTLAKE VILLAGE, CA 91362

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5928	TPA FEES	5

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

FUND COMPANIES

UBS GLOBAL ASSET MANAGEMENT ONE NORTH WACKER DRIVE
ZURICK, IL 8000 SZ

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	2	REDEMPTION FEES	0

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	11605
5	Current value of plan's interest under this contract in separate accounts at year end	5	1648357

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	0

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	9125
c	Additions: (1) Contributions deposited during the year	7c(1)	2326		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	348		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	1337		
	▶ POSITIVE MKT VALUE ADJ, LOAN REPAYMENTS				
	(6) Total additions			7c(6)	4011
d	Total of balance and additions (add **b** and **c(6)**)			7d	13136
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1444		
	(2) Administration charge made by carrier	7e(2)	85		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	2		
	▶ NEGATIVE MKT VALUE ADJUSTMENT				
	(5) Total deductions			7e(5)	1531
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	11605

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANGUARD INDUSTRIES EAST, INC.

D Employer Identification Number (EIN)
54-1817115

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1502	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VANGUARD INDUSTRIES EAST, INC.

D Employer Identification Number (EIN)
54-1817115

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

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	305

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	173

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	166

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	7702

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	46471

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2010

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	177

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	219996

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207545

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 356435

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94962

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60176

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 658

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14844

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13958

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6659

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12820

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1173

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1691

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3157

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1452

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1314

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9667

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2398

a Name of MTIA, CCT, PSA, or 103-12 IE: AIM SMALL CAP GROWTH

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5242

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5230

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2443

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2890

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19914

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10983

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP VALUE FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21545

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6528

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10492

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15675

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6640

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2996

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9750

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6914

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9971

a Name of MTIA, CCT, PSA, or 103-12 IE: RIVERSOURCE MID CAP VALUE

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2308

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30635

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21146

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12618

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9777

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5038

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12221

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1137

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4327

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6248

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13818

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16049

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP GROWTH FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6781

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6477

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12419

a Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED ALL CAP FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5596

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1324

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8715
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61160
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26148
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10937
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	126
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3335
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37299
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM FEDERAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16931
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	63259
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16794

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19541

a Name of MTIA, CCT, PSA, or 103-12 IE: LM WESTRN ASSET GLB HIGH YIELD

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14664

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANGUARD INDUSTRIES EAST, INC.

D Employer Identification Number (EIN)
54-1817115

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	153116	137339
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	128781	168487
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1070337	1648357
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9125	11605
(15) Other	1c(15)	319	1040

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1361678	1966828
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	3491	921
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3491	921
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1358187	1965907

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	137339	
	(B) Participants	2a(1)(B)	228935	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		366274
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	12605	
	(F) Other	2b(1)(F)	1389	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13994
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		362012
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		742280
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	109982	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		109982
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		4142
h	Interest expense	2h		0
i	Administrative expenses: **(1)** Professional fees	2i(1)	5327	
	(2) Contract administrator fees	2i(2)	15109	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		20436
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		134560
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		607720
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: JOHN, JACOB & VAYALUMKAL, LLP **(2)** EIN: 45-0499810

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
VANGUARD INDUSTRIES EAST 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VANGUARD INDUSTRIES EAST, INC.

D Employer Identification Number (EIN)
54-1817115

Part I Distributions

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

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

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VANGUARD INDUSTRIES EAST 401 (K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

JOHN, JACOB & VAYALUMKAL, LLP
CERTIFIED PUBLIC ACCOUNTANTS

VANGUARD INDUSTRIES EAST 401 (K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

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Supplemental Schedule of Assets Held	8

JOHN, JACOB & VAYALUMKAL, LLP

CERTIFIED PUBLIC ACCOUNTANTS

11 Broadway, Suite 1166
New York, NY 10004
Tel: 212-635-4155 Fax: 212-635-4156

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Vanguard Industries East 401 (K) Plan
Norfolk, Virginia 23502

We were engaged to audit the accompanying statements of net assets available for benefits of Vanguard Industries East 401 (K) Plan as of December 31, 2009 and 2008 and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of assets held as of and for the year ended December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by John Hancock Life Insurance Company (USA), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

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

John, Jacob & Vayalumkal, LLP
JOHN, JACOB & VAYALUMKAL, LLP
Certified Public Accountants

New York, NY 10004
September 28, 2010

VANGUARD INDUSTRIES EAST 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31, 2009	DECEMBER 31, 2008
ASSETS		
Investments at Fair Market Value:		
Shares of Registered Investment Companies	$ 1,648,357	$ 1,070,337
Guarenteed Interest Accounts	11,605	9,125
Loan Receivable	168,487	128,781
Cash	1,040	319
	1,829,489	1,208,562
Employer Contributions Receivable	137,339	153,116
Total Assets	1,966,828	1,361,678
LIABILITIES		
Other Liabilities	921	3,491
Total Liabilities	921	3,491
Net Assets Available for Benefits	$ 1,965,907	$ 1,358,187

See accompanying notes to the financial statements.

VANGUARD INDUSTRIES EAST 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

Additions:	
Additions to Net Assets Attributed to:	
Investment Income :	
Net Increase in Fair Value of Investments	$ 362,012
Interest and Dividends	12,953
Other Income	1,041
	376,006
Contributions:	
Employer's Contributions	137,339
Employees' Contributions	228,935
	366,274
Total Additions	742,280
Deductions:	
Deductions from Net Assets Attributed to:	
Withdrawals and Contributions Returned to Separated Participants	109,982
Deemed Distributions of Loans	4,142
Administration Expenses	20,436
Total Deductions	134,560
Net Increase	607,720
Net Assets Available for Benefits	
Beginning of Year	1,358,187
End of Year	$ 1,965,907

See accompanying notes to the financial statements.

VANGUARD INDUSTRIES EAST 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

1. DESCRIPTION OF PLAN

The following description of the Vanguard Industries East 401 (K) ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a retirement plan under Internal Revenue Service Code Section 401(k) effective January 1, 1997.

The Plan covers substantially all employees of the Vanguard Industries East, Inc. ("Company") who have attained the age of 18 and completed one year of service. The effective date of participation is the first day of each calendar month of the Plan Year, coincident with or next following satisfaction of the eligibility requirements.

The Plan is subject to the provisions of the Employees Retirement Income Security Act of 1974 (ERISA).

Participant Contributions

Participants may elect to contribute to the Plan from his or her salary an amount not exceeding the limit specified under Code Section 402 (g) in effect at the beginning of the taxable year ($16,500 for 2009, plus "catch-up" contribution of $5500 for eligible employees).

Employer Contributions

The Company matches the employee's contribution up to 4% of salary.

Participants Accounts

Each Participant's individual account is credited with his or her accounts earnings and contributions.

The Plan benefit to which a Participant is entitled is the benefit that can be provided from the Participant's account.

VANGUARD INDUSTRIES EAST 401 (K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

1. DESCRIPTION OF PLAN (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Investment Options

Upon enrollment in the Plan, a participant must direct his or her contributions in any investments listed in Schedule 1or in guaranteed interest accounts.

Participants Loans

Participants may borrow from their fund accounts.

Payments of Benefits

On termination of service for any reason, the participant's entire account balance will be paid in one lump sum at the evaluation date

Operating Expenses

Substantially all expenses of the Plan are paid by the Company.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade date basis and dividends are recorded on the ex-dividend date. Cash accounts are valued at cost, which equals current value.

Group annuity contracts held by a defined contribution plan are required to be reported at fair market value. However contract value, is the relevant measurement attributable to fully benefit responsive investment contracts because contract value is the amount participant would receive if they were to initiate permitted transactions under the terms of the plan. The investment contracts held by the plan for participants investing in guaranteed interest accounts are not fully benefit- responsive and accordingly no adjustment from fair value to contract value has been made in the accompanying financial statements.

Use of Estimates

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

3. INVESTMENTS

The plan's investments are held by an administered trust fund and are stated at fair value. All of the Plan's investments are separately identified and listed on Supplemental Schedule of Assets Held.

4. PLAN TERMINATION

Although it has not expressed any intent to do so, Vanguard Industries East, Inc. has the right under the plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

VANGUARD INDUSTRIES EAST 401 (K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

5. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

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

Investments, at fair value:

Mutual funds	$1,648,357
Net Appreciation in fair Value of Investments	362,012

6. TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified in accordance with the appropriate section of the Internal Revenue Code and, accordingly, the Plan's net investment income is exempt from income taxes.

The Plan obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan Sponsor believes that the plan continues to qualify and to operate as designed.

VANGUARD INDUSTRIES EAST 401 (K) PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD

DECEMBER 31, 2009

Investments at Fair Value (Schedule 1)	$ 1,648,357
Guaranteed Interest Accounts	11,605
Loans Receivable	168,487
Cash	1,040
Total Assets Held	$ 1,829,489

SCHEDULE 1

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
Lifecycle Retirement	$ 0.00	.000000	$ 0.00
Lifecycle 2010	$ 416508218.33	17.474261	$ 176.58
Lifecycle 2015	$ 360859542.46	.000000	$ 0.00
Lifecycle 2020	$ 499718571.49	4783.504790	$ 46471.39
Lifecycle 2025	$ 520650683.63	815.933878	$ 7702.28
Lifecycle 2030	$ 428549744.27	17.917607	$ 166.48
Lifecycle 2035	$ 329141517.55	.000000	$ 0.00
Lifecycle 2040	$ 238817773.08	18.519802	$ 172.88
Lifecycle 2045	$ 232051562.00	32.716403	$ 305.07
Russell Conservative	$ 20970084.28	.000000	$ 0.00
Russell Moderate	$ 39243187.84	.000000	$ 0.00
Russell Balanced	$ 169583591.36	.000000	$ 0.00
Russell Growth	$ 147354515.17	.000000	$ 0.00
Russell Equity Growth	$ 50736709.57	.000000	$ 0.00
Lifestyle Conservative	$ 1847759319.18	332.329823	$ 60176.48
Lifestyle Moderate	$ 2392496867.13	591.038374	$ 94962.27
Lifestyle Balanced	$ 8226552466.42	1763.198807	$ 356435.30
JH Dreyfus Premier Core Bond	$ 0.00	.000000	$ 0.00
Lifestyle Growth	$ 8606517480.48	739.938087	$ 207544.59
JH Money Market	$ 0.00	.000000	$ 0.00
Lifestyle Aggressive	$ 2954097761.55	768.220139	$ 219996.14
Manulife Balanced	$ 0.00	.000000	$ 0.00
JH AmCent Mason Select Bnd	$ 0.00	.000000	$ 0.00
John Hancock Stable Val	$ 1318684453.15	.000000	$ 0.00
US Government Securities	$ 32718133.32	.000000	$ 0.00
The Bond Fund of America	$ 8563447.30	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2009
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
JH AmCent Strat Alloc Moder	$ 0.00	.000000	$ 0.00
Capital World Bond Fund	$ 7765059.92	.000000	$ 0.00
John Hancock Strategic Inc	$ 75597453.86	.000000	$ 0.00
JH AmCent Mason High Yield Bnd	$ 0.00	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 244471141.77	297.850620	$ 8714.85
Oppenheimer Intl Bond	$ 41822180.43	.000000	$ 0.00
LM Partners Glb High Yield	$ 230268562.62	517.731725	$ 14663.52
PIMCO Real Return	$ 237585548.02	1205.424472	$ 19540.99
JH AmCent Equity Index Fund	$ 0.00	.000000	$ 0.00
PIMCO Global Bond	$ 135383030.12	1120.220391	$ 16794.45
PIMCO Total Return	$ 1230325440.88	3137.118962	$ 63258.84
Short-Term Federal	$ 426909244.05	851.384673	$ 16931.46
American High-Income Fund	$ 14140935.07	.000000	$ 0.00
JH Fidelity Advisor Div Grwth	$ 0.00	.000000	$ 0.00
Managers AMG FQ Global Alt	$ 1229585.40	.000000	$ 0.00
PIMCO All Asset	$ 78059970.68	.000000	$ 0.00
American Balanced Fund	$ 469644243.71	1797.319606	$ 37298.85
Investment Company of America	$ 187863830.73	96.868897	$ 3334.92
BlackRock Global Allocation	$ 98915281.99	6.576335	$ 125.55
Washington Mutual Investors	$ 157117092.92	342.547550	$ 10936.52
Income Fund of America	$ 12195615.64	.000000	$ 0.00
JH Legg Part Small Cap Value	$ 0.00	.000000	$ 0.00
Pax World Balanced Fund	$ 908.93	.000000	$ 0.00
Mutual Beacon	$ 452507883.24	265.867293	$ 26147.76
Capital Income Builder	$ 15833893.00	.000000	$ 0.00
Value Index Fund	$ 17720567.68	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
T. Rowe Price Equity Inc	$ 267668152.04	200.009728	$ 6639.70
Manulife Capital Growth Stock	$ 0.00	.000000	$ 0.00
JH Fidelity Advisor Large Cap	$ 0.00	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 20258546.30	.000000	$ 0.00
Davis New York Venture	$ 634536217.09	606.586088	$ 15674.92
FT Founding Allocation	$ 14137576.74	.000000	$ 0.00
JH MFS Strategic Value	$ 0.00	.000000	$ 0.00
JH Weitz Partners Value	$ 0.00	.000000	$ 0.00
RiverSource Equity Value	$ 6477822.50	.000000	$ 0.00
Manulife Growth Plus Stock	$ 0.00	.000000	$ 0.00
Mutual Global Discovery	$ 398276854.53	104.479597	$ 6528.20
JH AmCent Select Fund	$ 0.00	.000000	$ 0.00
Fidelity ContraFund	$ 279180696.53	.000000	$ 0.00
Eaton Vance Large-Cap Value	$ 24209739.03	.000000	$ 0.00
The Growth Fund of America	$ 900704125.88	355.255283	$ 10983.34
JH Lord Abbett All Value	$ 0.00	.000000	$ 0.00
Jennison Growth	$ 132704060.35	1101.564934	$ 19913.58
Growth Index Fund	$ 16409904.01	.000000	$ 0.00
JH John Hancock U.S. Gbl Lead	$ 0.00	.000000	$ 0.00
Templeton World	$ 150118485.68	86.333651	$ 2889.83
BlackRock Large Value	$ 124398653.66	743.998323	$ 12220.75
JH T. Rowe Price Mid-Cap Val	$ 0.00	.000000	$ 0.00
JH Scudder Intl Select Equity	$ 0.00	.000000	$ 0.00
MFS Utilities	$ 217827828.82	264.981999	$ 5037.83
JH John Hancock Value Opps	$ 0.00	.000000	$ 0.00
JH AIM Mid Cap Core Equity	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
JH Fidelity Advisor Overseas	$ 0.00	.000000	$ 0.00
Domini Social Equity	$ 64485950.34	292.888600	$ 9776.74
Parnassus Equity Income	$ 2869628.27	.000000	$ 0.00
JH Templeton Foreign	$ 0.00	.000000	$ 0.00
JH Munder Small-Cap Value	$ 0.00	.000000	$ 0.00
Oppenheimer Global	$ 206398988.40	577.606997	$ 21145.99
John Hancock Classic Value	$ 0.00	.000000	$ 0.00
Mass Investors Fund	$ 2435515.87	.000000	$ 0.00
Dreyfus Structured Mid Cap	$ 7452095.43	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 137499638.30	.000000	$ 0.00
JH Am Century Intl Value	$ 0.00	.000000	$ 0.00
RiverSource Mid Cap Value	$ 82561067.50	272.999773	$ 2308.42
Legg Mason Value	$ 0.00	.000000	$ 0.00
Fidelity Adv New Insights	$ 30282822.47	.000000	$ 0.00
Franklin Balance Sheet	$ 254708488.03	122.771414	$ 9970.69
Victory Diversified Stock	$ 12279870.80	.000000	$ 0.00
JPM MidCap Value Fund	$ 171505616.32	302.957008	$ 6914.37
New Perspective Fund	$ 12642405.86	.000000	$ 0.00
JH Putnam Vista	$ 0.00	.000000	$ 0.00
JH INVESCO Dynamics	$ 0.00	.000000	$ 0.00
Columbia Value & Restructuring	$ 359457911.73	206.182646	$ 9749.89
Fundamental Investors	$ 67391643.85	.000000	$ 0.00
Brandywine Blue Fund	$ 944722.15	.000000	$ 0.00
Capital World Growth & Income	$ 40847858.98	.000000	$ 0.00
Mid-Cap Value Index Fund	$ 12170222.78	.000000	$ 0.00
EuroPacific Growth Fund	$ 819117532.40	310.841846	$ 16049.11

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
New World Fund	$ 15236156.67	.000000	$ 0.00
JH DWS Mid Cap Growth	$ 0.00	.000000	$ 0.00
T. Rowe Price Health Sci	$ 223382020.88	438.498219	$ 13818.13
Legg Partners Agg Growth	$ 134600516.39	.000000	$ 0.00
John Hancock Rainier Grow	$ 2175305.28	.000000	$ 0.00
Manulife Emerging Growth Stock	$ 0.00	.000000	$ 0.00
Lifestyle Conservative 280(VS)	$ 0.00	.000000	$ 0.00
Lifestyle Moderate 460 (VS)	$ 0.00	.000000	$ 0.00
Franklin Small-Mid Growth	$ 135825697.89	163.670567	$ 6247.62
Lifestyle Balanced 640 (VS)	$ 0.00	.000000	$ 0.00
Explorer	$ 37060805.48	32.935932	$ 2443.49
Lifestyle Growth 820 (VS)	$ 0.00	.000000	$ 0.00
Lifestyle Aggressive 1000 (VS)	$ 0.00	.000000	$ 0.00
AIM Small Cap Growth	$ 118477676.62	265.117719	$ 5241.70
JH Calamos Growth	$ 0.00	.000000	$ 0.00
JH INVESCO Telecom	$ 0.00	.000000	$ 0.00
Bridgeway Ultra-Small Co	$ 8870266.07	.000000	$ 0.00
American Century Vista	$ 249014681.63	77.898518	$ 2397.89
Davis Financial	$ 77931049.30	3.141641	$ 123.87
JH Munder NetNet	$ 0.00	.000000	$ 0.00
Small Cap Growth Index	$ 114136749.15	77.772970	$ 1313.72
DFA U.S. Small Cap Fund	$ 60056506.92	77.067278	$ 1452.19
Small Cap Value Index	$ 19518687.84	.000000	$ 0.00
DFA International Value	$ 87470225.35	164.749717	$ 3156.81
JH Templeton Foreign Small Co	$ 0.00	.000000	$ 0.00
Thornburg International Value	$ 4686341.12	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
Turner Core Growth Fund	$ 910052.83	.000000	$ 0.00
Jennison 20/20 Focus Fund	$ 14854812.96	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 341812965.90	334.896610	$ 12819.82
Oppenheimer Intl Growth Fund	$ 17071563.37	.000000	$ 0.00
JH AIM Constellation	$ 0.00	.000000	$ 0.00
Oppenheimer Developing Mkt	$ 802732822.61	260.381288	$ 13957.64
Energy	$ 559678995.54	180.809046	$ 14844.33
SMALLCAP World Fund	$ 7285388.79	.000000	$ 0.00
Royce Opportunity	$ 99704339.77	.000000	$ 0.00
DFA US Targeted Value Fund	$ 10577874.65	.000000	$ 0.00
John Hancock Intl Growth	$ 4856401.48	.000000	$ 0.00
American Century Small Co	$ 0.00	.000000	$ 0.00
Balanced Fund (VS)	$ 0.00	.000000	$ 0.00
DFA Emerging Markets Value	$ 227093248.88	16.008120	$ 657.59
Keeley Small Cap Value	$ 20635581.49	.000000	$ 0.00
Mid-Cap Growth Index Fund	$ 13205920.77	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 4727246.89	.000000	$ 0.00
Fidelity Advisor Gold Fund	$ 13550485.11	.000000	$ 0.00
UBS Global Allocation	$ 0.00	.000000	$ 0.00
UBS U.S. Large Cap Equity	$ 0.00	.000000	$ 0.00
DWS RREEF Real Estate	$ 0.00	.000000	$ 0.00
JH AmCent Mason Mid Growth	$ 0.00	.000000	$ 0.00
T. Rowe Price Real Estate	$ 0.00	.000000	$ 0.00
JH John Hancock Growth Opps	$ 0.00	.000000	$ 0.00
T. Rowe Price Blue Chip	$ 0.00	.000000	$ 0.00
JH John Hancock Small Cap	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
BlackRock Mid-Cap Value Opps	$ 0.00	.000000	$ 0.00
Columbia Marsico Intl Opps	$ 0.00	.000000	$ 0.00
JH AmCent Mason Small Growth	$ 0.00	.000000	$ 0.00
Legg Mason Growth	$ 0.00	.000000	$ 0.00
Allianz RCM Tech Fund	$ 0.00	.000000	$ 0.00
Money Market Fund	$ 2870579600.45	4678.607459	$ 61159.99
Strategic Income Fund	$ 24203531.20	.000000	$ 0.00
Strategic Bond Fund	$ 37540130.46	.000000	$ 0.00
Large Cap Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Active Bond Fund	$ 33470659.90	.000000	$ 0.00
Special Value Fund	$ 0.00	.000000	$ 0.00
U.S. High Yield Bond Fund	$ 39552009.00	.000000	$ 0.00
High Yield Fund	$ 69168965.83	.000000	$ 0.00
Core Bond Fund	$ 10240914.67	.000000	$ 0.00
Investment Qual Bond Fund	$ 55102502.32	.000000	$ 0.00
Quantitative Equity Fund (VS)	$ 0.00	.000000	$ 0.00
WAMCO U.S. Government Sec Fund	$ 40003348.60	.000000	$ 0.00
Total Return Fund	$ 242857242.52	.000000	$ 0.00
Real Return Bond Fund	$ 64094525.30	.000000	$ 0.00
Global Bond Fund	$ 59770607.04	.000000	$ 0.00
Strategic Value Fund (VS)	$ 0.00	.000000	$ 0.00
Total Bond Market Fund	$ 56923959.75	.000000	$ 0.00
Core Fundamental Holdings	$ 8895389.13	.000000	$ 0.00
Strategic Growth Fund (VS)	$ 0.00	.000000	$ 0.00
500 Index Fund	$ 860602098.77	4.762036	$ 2995.76
Absolute Return Fund	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
Core Diversified Grwth & Inc	$ 15721804.05	.000000	$ 0.00
Income & Value Fund	$ 0.00	.000000	$ 0.00
Optimized Value Fund	$ 48651759.71	132.824008	$ 10491.72
Fundamental Value Fund	$ 98828961.29	.000000	$ 0.00
Core Global Diversification	$ 12935843.06	.000000	$ 0.00
Mid Cap Core Fund (VS)	$ 0.00	.000000	$ 0.00
Equity Income Fund	$ 128690667.93	.000000	$ 0.00
U.S. Global Leaders Fund	$ 0.00	.000000	$ 0.00
Large Cap Fund	$ 38411637.06	22.992204	$ 294.51
Overseas Fund (VS)	$ 0.00	.000000	$ 0.00
All Cap Value Fund	$ 83472453.75	1279.279454	$ 21544.63
Mid Cap Value Fund	$ 0.00	.000000	$ 0.00
Capital Appreciation Fund	$ 131660771.80	.000000	$ 0.00
Quantitative Mid Cap Fund	$ 0.00	.000000	$ 0.00
Total Stock Market Index Fund	$ 201981558.72	.000000	$ 0.00
All Cap Core Fund	$ 19907592.27	.000000	$ 0.00
US Core Fund	$ 0.00	.000000	$ 0.00
Utilities Fund	$ 72874135.40	.000000	$ 0.00
Large Cap Value Fund	$ 78456807.86	.000000	$ 0.00
Blue Chip Growth Fund	$ 441877688.50	580.118301	$ 12618.45
Mid Cap Index Fund	$ 251539269.89	1532.191894	$ 30634.81
Classic Value Fund	$ 0.00	.000000	$ 0.00
Mid Cap Opps Fund (VS)	$ 0.00	.000000	$ 0.00
Value Fund	$ 62816973.41	.000000	$ 0.00
Mid Cap Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Strategic Opps Fund (VS)	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
Small Company Value Fund	$ 100566861.07	.000000	$ 0.00
Core Equity Fund	$ 0.00	.000000	$ 0.00
Mid Value Fund	$ 147766803.13	91.422372	$ 1323.95
Optimized All Cap Fund	$ 133619128.37	330.441849	$ 5596.31
U.S. Large Cap Fund	$ 0.00	.000000	$ 0.00
Small Cap Opportunities Fund	$ 44043804.12	.000000	$ 0.00
Small Company Blend Fund (VS)	$ 0.00	.000000	$ 0.00
Small Cap Value Fund	$ 129199516.80	534.921409	$ 12419.42
Dynamic Growth Fund	$ 0.00	.000000	$ 0.00
Real Est. Securities Fund	$ 279578925.15	167.973015	$ 6476.95
All Cap Growth Fund	$ 89366217.87	427.185406	$ 6781.19
Aggressive Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Small Cap Growth Fund	$ 51575954.63	.000000	$ 0.00
International Core Fund	$ 44359449.33	.000000	$ 0.00
Intl Equity Index Fund	$ 182760899.64	290.418509	$ 4327.28
Mid Cap Stock Fund	$ 282785351.63	68.772343	$ 1137.40
Pacific Rim Fund	$ 28457402.89	.000000	$ 0.00
Telecommunications Fund (VS)	$ 0.00	.000000	$ 0.00
International Value Fund	$ 292266942.36	267.317745	$ 5229.52
Internet Technolog. Fund (VS)	$ 0.00	.000000	$ 0.00
Financial Services Fund	$ 21692908.13	.000000	$ 0.00
Small Cap Index Fund	$ 132666689.48	603.293671	$ 9667.14
Science & Technology Fund	$ 172631163.37	104.068948	$ 1691.40
Global Fund	$ 2238765.64	.000000	$ 0.00
International Opps Fund	$ 90954665.86	74.606899	$ 1172.79
Intl Small Cap Fund	$ 129307991.79	254.252216	$ 6658.54

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 23783 THE TRUSTEES OF VANGUARD INDUSTRIES
EAST 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF VANGUARD INDUSTRIES EAST 401(K) PLAN Total No of Units	Total Value
Natural Resources Fund	$ 164034386.83	.000000	$ 0.00
Global Allocation Fund	$ 0.00	.000000	$ 0.00
Overseas Equity Fund	$ 0.00	.000000	$ 0.00
Emerging Small Co Fund	$ 0.00	.000000	$ 0.00
Health Sciences Fund	$ 3647203.02	.000000	$ 0.00
Small Company Fund	$ 0.00	.000000	$ 0.00
Small Cap Fund	$ 0.00	.000000	$ 0.00
Emerging Growth Fund	$ 0.00	.000000	$ 0.00
		Total	$ 1,648,357.09

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Katherine MacMillan
President, Retirement Plan Services

Production Date(R): DEC/31/2009

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► **Complete all entries in accordance with the Instructions to the Form 5500.**	**2009** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information --- enter all requested information.

1a Name of plan
Vanguard Industries East 401(K) Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Vanguard Industries East, Inc.

1172 Azalea Garden Road

US Norfolk VA 23502

2b Employer Identification Number (EIN) 54-1817115

2c Sponsor's telephone number (757) 857-3600

2d Business code (see instructions) 315990

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	[signature]	10/6/10	Michael Harrison
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/6/10	Michael Harrison
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
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**	**165**
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**	**154**
b	Retired or separated participants receiving benefits	**6b**	**0**
c	Other retired or separated participants entitled to future benefits	**6c**	**14**
d	Subtotal. Add lines **6a, 6b** and **6c**	**6d**	**168**
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	**0**
f	Total. Add lines **6d** and **6e**	**6f**	**168**
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	**132**
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 complete this item)	**7**	

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

2E 2G 2J 3D 2T

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan

Vanguard Industries East 401(K) Plan

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

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

Vanguard Industries East, Inc.

D Employer Indentification Number (EIN)

54-1817115

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

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

1 Coverage Information:

(a) Name of insurance carrier

John Hancock Life Insurance Company U.S.A.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
01-0233346	65838	23783	150	1/1/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7,162	5,930

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

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

PICKERING INSURANCE SERVICES
1365 West Vista Way
Suite 200
US Vista CA 92083

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
7,162			3

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

CAMPBELL ALBRECHT
250 N. Westlake Blvd
Suite 100
US Westlake Village CA 91362

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
	5,928	TPA FEES	5

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

FUND COMPANIES
UBS GLOBAL ASSET MANAGEMENT

US

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	2	**REDEMPTION FEES**	**0**

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	11,605
5	Current value of plan's interest under this contract in separate accounts at year end	5	1,648,357

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	6d	0

Specify nature of costs ►

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ►

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ► ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type on contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ►

b	Balance at the end of the previous year			7b	9,125
c	Additions: (1) Contributions deposited during the year	7c(1)	2,326		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	348		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	1,337		
	► POSITIVE MKT VALUE ADJ, LOAN REPAYMENTS				
	(6) Total additions			7c(6)	4,011
d	Total of balance and additions (add **b** and **c**(6))			7d	13,136
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1,444		
	(2) Administration charge made by carrier	7e(2)	85		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	2		
	► NEGATIVE MKT VALUE ADJUSTMENT				
	(5) Total deductions			7e(5)	1,531
f	Balance at the end of the current year (subtract **e**(5) from **d**)			7f	11,605

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ►

Part IV Provision of Information

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

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

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

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

A Name of plan	B Three-digit plan number (PN) ▶	
Vanguard Industries East 401(K) Plan		001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
Vanguard Industries East, Inc.	54-1817115

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 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 disclosure on eligible indirect compensation

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

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(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 disclosure 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)

JOHN HANCOCK LIFE INSURANCE COMPANY 01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1,502	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan	**B** Three-digit plan number (PN) ►	
Vanguard Industries East 401(K) Plan		**001**

C Plan or DFE sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
Vanguard Industries East, Inc.	**54-1817115**

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	**LIFECYCLE 2045**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**305**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**LIFECYCLE 2040**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**173**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**LIFECYCLE 2030**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**166**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**LIFECYCLE 2025**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**7,702**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**LIFECYCLE 2020**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**46,471**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**LIFECYCLE 2010**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**177**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**LIFESTYLE AGGRESSIVE**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**219,996**

a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE GROWTH**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**207,545**
a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE BALANCED**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**356,435**
a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE MODERATE**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**94,962**
a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE CONSERVATIVE**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**60,176**
a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA EMERGING MARKETS VALUE**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**658**
a Name of MTIA, CCT, PSA, or 103-12 IE: **ENERGY**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**14,844**
a Name of MTIA, CCT, PSA, or 103-12 IE: **OPPENHEIMER DEVELOPING MKT**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**13,958**
a Name of MTIA, CCT, PSA, or 103-12 IE: **INTL SMALL CAP FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**6,659**
a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE SCI & TECH**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**12,820**
a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL OPPS FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**1,173**

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Name of MTIA, CCT, PSA, or 103-12 IE: **SCIENCE & TECHNOLOGY FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**1,691**
a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA INTERNATIONAL VALUE**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**3,157**
a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA U.S. SMALL CAP FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**1,452**
a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP GROWTH INDEX**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**1,314**
a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP INDEX FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**9,667**
a Name of MTIA, CCT, PSA, or 103-12 IE: **DAVIS FINANCIAL**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**124**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN CENTURY VISTA**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**2,398**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AIM SMALL CAP GROWTH**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**5,242**
a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL VALUE FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**5,230**
a Name of MTIA, CCT, PSA, or 103-12 IE: **EXPLORER**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**2,443**

a Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON WORLD**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**2,890**
a Name of MTIA, CCT, PSA, or 103-12 IE: **JENNISON GROWTH**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**19,914**
a Name of MTIA, CCT, PSA, or 103-12 IE: **THE GROWTH FUND OF AMERICA**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**10,983**
a Name of MTIA, CCT, PSA, or 103-12 IE: **ALL CAP VALUE FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**21,545**
a Name of MTIA, CCT, PSA, or 103-12 IE: **MUTUAL GLOBAL DISCOVERY**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**6,528**
a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**295**
a Name of MTIA, CCT, PSA, or 103-12 IE: **OPTIMIZED VALUE FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**10,492**
a Name of MTIA, CCT, PSA, or 103-12 IE: **DAVIS NEW YORK VENTURE**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**15,675**
a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE EQUITY INC**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**6,640**
a Name of MTIA, CCT, PSA, or 103-12 IE: **500 INDEX FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**2,996**

a Name of MTIA, CCT, PSA, or 103-12 IE:	**COLUMBIA VALUE & RESTRUCTURING**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**9,750**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**JPM MIDCAP VALUE FUND**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**6,914**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**FRANKLIN BALANCE SHEET**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**9,971**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**RIVERSOURCE MID CAP VALUE**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**2,308**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**MID CAP INDEX FUND**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**30,635**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**OPPENHEIMER GLOBAL**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**21,146**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**BLUE CHIP GROWTH FUND**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**12,618**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**DOMINI SOCIAL EQUITY**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**9,777**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**MFS UTILITIES**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**5,038**
a Name of MTIA, CCT, PSA, or 103-12 IE:	**BLACKROCK LARGE VALUE**		
b Name of sponsor of entity listed in (a):	**JOHN HANCOCK USA**		
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**12,221**

a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP STOCK FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**1,137**
a Name of MTIA, CCT, PSA, or 103-12 IE: **INTL EQUITY INDEX FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**4,327**
a Name of MTIA, CCT, PSA, or 103-12 IE: **FRANKLIN SMALL-MID GROWTH**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**6,248**
a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE HEALTH SCI**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**13,818**
a Name of MTIA, CCT, PSA, or 103-12 IE: **EUROPACIFIC GROWTH FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**16,049**
a Name of MTIA, CCT, PSA, or 103-12 IE: **ALL CAP GROWTH FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**6,781**
a Name of MTIA, CCT, PSA, or 103-12 IE: **REAL EST. SECURITIES FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**6,477**
a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP VALUE FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**12,419**
a Name of MTIA, CCT, PSA, or 103-12 IE: **OPTIMIZED ALL CAP FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**5,596**
a Name of MTIA, CCT, PSA, or 103-12 IE: **MID VALUE FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**1,324**

a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE SPECTRUM INC**

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

c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **8,715**

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

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

c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) **61,160**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: **MUTUAL BEACON**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**26,148**
a Name of MTIA, CCT, PSA, or 103-12 IE: **WASHINGTON MUTUAL INVESTORS**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**10,937**
a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK GLOBAL ALLOCATION**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**126**
a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESTMENT COMPANY OF AMERICA**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**3,335**
a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN BALANCED FUND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**37,299**
a Name of MTIA, CCT, PSA, or 103-12 IE: **SHORT-TERM FEDERAL**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**16,931**
a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO TOTAL RETURN**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**63,259**
a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO GLOBAL BOND**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**16,794**
a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO REAL RETURN**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**19,541**
a Name of MTIA, CCT, PSA, or 103-12 IE: **LM WESTRN ASSET GLB HIGH YIELD**			
b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**			
c EIN-PN **01-0233346-000**	**d** Entity code **P**	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	**14,664**

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
Vanguard Industries East 401(K) Plan

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

C Plan sponsor's name as shown on line 2a of Form 5500
Vanguard Industries East, Inc.

D Employer Identification Number (EIN)
54-1817115

Part I **Asset and Liability Statement**

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	153,116	137,339
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	128,781	168,487
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1,070,337	1,648,357
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9,125	11,605
(15) Other	1c(15)	319	1,040

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1,361,678	1,966,828
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	3,491	921
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	3,491	921
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1,358,187	1,965,907

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. MITAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	137,339	
	(B) Participants	2a(1)(B)	228,935	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		366,274
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	12,605	
	(F) Other	2b(1)(F)	1,389	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13,994
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A), (B),** and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		362,012
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		742,280
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	109,982	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		109,982
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		4,142
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	5,327	
	(2) Contract administrator fees	2i(2)	15,109	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20,436
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		134,560
	Net Income and Reconciliation			
k	Net income (loss) (subtract line 2j from line 2d)	2k		607,720
l	Transfers of assets			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ 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: **JOHN, JACOB & VAYALUMKAL, LLP** (2) EIN: **45-0499810**

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer **"Yes"** for any prior year faliures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if **"Yes"** is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if **"Yes"** is checked)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if **"Yes"** is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if **"Yes"** is checked, and see instructions for format requirements)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if **"Yes"** is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered **"Yes,"** check the **"Yes"** box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

Name of plan
Vanguard Industries East 401(K) Plan

Employer Identification Number
54-1817115

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	John Hancock Life Insurance Co	JH Lifestyle 2025		305
	John Hancock Life Insurance Co	JH Jennison Growth		19,914
	John Hancock Life Insurance Co	JH Lifestyle Conservative		60,176
	John Hancock Life Insurance Co	JH Templeton World		2,890
	John Hancock Life Insurance Co	JH Lifestyle Moderate		94,962
	John Hancock Life Insurance Co	JH Oppenheimer Global		21,146
	John Hancock Life Insurance Co	JH Energy		14,844
	John Hancock Life Insurance Co	Explorer		2,443
	John Hancock Life Insurance Co	JH Lifestyle Balanced		356,435
	John Hancock Life Insurance Co	JH Lifestyle Growth		207,545
	John Hancock Life Insurance Co	JH Lifestyle Aggressive		219,996
	John Hancock Life Insurance Co	JH Aim Small Cap Growth		5,242
	John Hancock Life Insurance Co	Columbia Marsico Intl Opps		1,173
	John Hancock Life Insurance Co	JH Allianz RCM Tech Fund		0
	John Hancock Life Insurance Co	JH American Century Vista		2,398
	John Hancock Life Insurance Co	JH American Century Small Co.		0
	John Hancock Life Insurance Co	The Growth Fund of America		10,983
	John Hancock Life Insurance Co	JH Short-Term Federal		16,931
	John Hancock Life Insurance Co	Columbia Value & Restructuring		9,750
	John Hancock Life Insurance Co	JH Europacific Growth Fund		16,049
	John Hancock Life Insurance Co	JH DFA International Value		3,157
	John Hancock Life Insurance Co	JH PIMCO Real Return		19,541
	John Hancock Life Insurance Co	JH PIMCO Total Return		63,259
	John Hancock Life Insurance Co	JH Davis Financial		124
	John Hancock Life Insurance Co	JH Davis New York Venture		15,675
	John Hancock Life Insurance Co	JH Mutual Beacon		26,148
	John Hancock Life Insurance Co	Investment Company of America		3,335
	John Hancock Life Insurance Co	Washington Mutual Investors		10,937
	John Hancock Life Insurance Co	JH Franklin Balance Sheet		9,971
	John Hancock Life Insurance Co	JH Mutual Discovery		6,528
	John Hancock Life Insurance Co	Small Cap Growth Index		1,314
	John Hancock Life Insurance Co	Mid Value Fund		1,324
	John Hancock Life Insurance Co	Intl Small Cap Fund		6,659
	John Hancock Life Insurance Co	Small Cap Index Fund		9,667
	John Hancock Life Insurance Co	JH LM Partners Glb High Yield		14,664
	John Hancock Life Insurance Co	JH UBS Global Allocation		126
	John Hancock Life Insurance Co	JH Riversource Mid Cap Value		2,308
	John Hancock Life Insurance Co	JH Lord Abbett Mid Cap Value		0
	John Hancock Life Insurance Co	JH PIMCO Global Bond		16,794

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

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

Name of plan
Vanguard Industries East 401(K) Plan

Employer Identification Number
54-1817115

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	John Hancock Life Insurance Co	Optimized Value Fund		10,492
	John Hancock Life Insurance Co	JH MFS Utilities		5,038
	John Hancock Life Insurance Co	JH Domini Social Equity		9,777
	John Hancock Life Insurance Co	JH T. Rowe Price Spectrum		8,715
	John Hancock Life Insurance Co	JH Blackrock Large Value		12,221
	John Hancock Life Insurance Co	JH American Funds Balanced		37,299
	John Hancock Life Insurance Co	Mid Cap Stock Fund		1,137
	John Hancock Life Insurance Co	JH UBS U.S. Large Cap Equity		295
	John Hancock Life Insurance Co	All Cap Growth Fund		6,781
	John Hancock Life Insurance Co	Optimized All Cap Fund		5,596
	John Hancock Life Insurance Co	JH DWS RREEF Real Estate		6,477
	John Hancock Life Insurance Co	JH T. Rowe Price Blue Chip		12,618
	John Hancock Life Insurance Co	JH T. Rowe Equity Inc.		6,640
	John Hancock Life Insurance Co	Mid Cap Index Fund		30,635
	John Hancock Life Insurance Co	All Cap Value Fund		21,545
	John Hancock Life Insurance Co	JH T. Rowe Price Health Sci		13,818
	John Hancock Life Insurance Co	JH Oppenheimer Developing Mkt		13,958
	John Hancock Life Insurance Co	JH T. Rowe Price Sci & Tech		12,820
	John Hancock Life Insurance Co	JH Franklin Small-Mid Growth		6,248
	John Hancock Life Insurance Co	Money Market Fund		61,160
	John Hancock Life Insurance Co	500 Index Fund		2,996
	John Hancock Life Insurance Co	DFA Emerging Markets Value		658
	John Hancock Life Insurance Co	JH International Value Fund		5,230
	John Hancock Life Insurance Co	International Equity Index Fun		4,327
	John Hancock Life Insurance Co	Small Cap Value Fund		12,419
	John Hancock Life Insurance Co	Lifecycle 2040		173
	John Hancock Life Insurance Co	Lifecyle 2030		166
	John Hancock Life Insurance Co	Lifecycle 2025		7,702
	John Hancock Life Insurance Co	Lifecycle 2020		46,471
	John Hancock Life Insurance Co	Lifecycle 2010		177
	John Hancock Life Insurance Co	JPM Midcap Value Fund		6,914
	John Hancock Life Insurance Co	Science & Technology Fund		1,691
	John Hancock Life Insurance Co	DFA US Small Cap Fund		1,452