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 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
GANLEY MANAGEMENT CO RETIREMENT SAVINGS 401(K)PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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

13215 DETROIT AVE.
LAKEWOOD, OH 44107

2b Employer Identification Number (EIN) 34-1547327

2c Sponsor's telephone number 216-228-8486

2d Business code (see instructions) 541600

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.	10/11/2010	DAVID LEAVITT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	DAVID LEAVITT
	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

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GANLEY MANAGEMENT CO 13215 DETROIT AVE. LAKEWOOD, OH 44107	**3b** Administrator's EIN 34-1547327 **3c** Administrator's telephone number 216-228-8486

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:		**4b** EIN
a Sponsor's name		**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	775
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**	623
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	77
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	701
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	701
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	259
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	24
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 3E 3H

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)			**9b** Plan benefit arrangement (check all that apply)		
(1)	☐	Insurance	**(1)**	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts	**(2)**	☐	Code section 412(e)(3) insurance contracts
(3)	X	Trust	**(3)**	X	Trust
(4)	☐	General assets of the sponsor	**(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			**b General Schedules**		
(1)	X	**R** (Retirement Plan Information)	**(1)**	X	**H** (Financial Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	☐	**I** (Financial Information – Small Plan)
			(3)	☐	___ **A** (Insurance Information)
			(4)	X	**C** (Service Provider Information)
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	☐	**D** (DFE/Participating Plan Information)
			(6)	☐	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	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 Benefits Security Administration	▶ **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
GANLEY MANAGEMENT CO RETIREMENT SAVINGS 401(K)PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GANLEY MANAGEMENT CO

D Employer Identification Number (EIN)
34-1547327

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)

FIFTH THIRD BANK

31-0676865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		16735	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

FRIEDMAN LEAVITT & ASSOC.

34-1878381

(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?
10		6000	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 H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **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
GANLEY MANAGEMENT CO RETIREMENT SAVINGS 401(K)PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GANLEY MANAGEMENT CO

D Employer Identification Number (EIN)
34-1547327

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)		47554
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32511	32361
(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)	287033	337865
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5694899	6822144
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(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	6014443	7239924
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	6000	6000
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	6000	6000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6008443	7233924

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)		
(B) Participants	2a(1)(B)	618170	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		618170
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	133482	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		133482
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1530419	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1551557	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-21138

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1066145	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1066145
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1796659

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	554443	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		554443
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	16735	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16735
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		571178

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		1225481
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ 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: FRIEDMAN LEAVITT ASSOC INC **(2)** EIN: 34-1878381

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

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

Part IV Compliance Questions

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

During the plan year:

			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan 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 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.**	**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
GANLEY MANAGEMENT CO RETIREMENT SAVINGS 401(K)PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GANLEY MANAGEMENT CO

D Employer Identification Number (EIN)
34-1547327

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): 31-6243957 _____

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):

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):

THE GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

FRIEDMAN, LEAVITT & ASSOC., INC.
CERTIFIED PUBLIC ACCOUNTANTS
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David A. Howe, CPA
Kenneth J. Olah, CPA
Richard Evans, CPA
Elizabeth R. O'Brien, CPA
Jo Ireland, CPA
Baljinder S. Rakkar, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
The Ganley Management Company, Inc. Retirement
Savings 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of The Ganley Management Company, Inc. Retirement Savings 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 schedules of assets held for investment purposes as of December 31, 2009 and 2008. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Friedman, Leavitt & Assoc., Inc

FRIEDMAN, LEAVITT & ASSOC., INC.
October 1, 2010

THE GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

ASSETS	2009	2008
Cash and Cash Equivalents	$ 32,361	$ 32,511
Investments, at Fair Value		
Bond Funds	337,865	287,033
Equity Funds	6,822,144	5,694,899
Total Investments	7,160,009	5,981,932
Receivables:		
Participants' Contribution	47,554	-0-
Employer's Contribution	-0-	-0-
Total Receivables	47,554	-0-
TOTAL ASSETS	7,239,924	6,014,443
LIABILITIES		
Accrued Expenses	6,000	6,000
NET ASSETS AVAILABLE FOR BENEFITS	$7,233,924	$6,008,443

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

THE GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Investment Income:		
Interest and Dividends	$ 133,482	
Net Unrealized Gain in Fair Value Of Investments	1,066,145	
Total Investment Income		$1,199,627
Contributions:		
Participants'	618,170	
Employer's	-0-	
Total Contributions		618,170
TOTAL ADDITIONS		1,817,797
DEDUCTIONS		
Investment Loss:		
Realized Loss on Sale of Investments	(21,138)	
Total Investment Loss		(21,138)
Other:		
Distributions Paid to Participants	(554,443)	
Administrative Expenses	(16,735)	
Total Other Deductions		(571,178)
TOTAL DEDUCTIONS		(592,316)
NET INCREASE		1,225,481
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year		6,008,443
End of Year		$7,233,924

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

THE GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Ganley Management Company, Inc. (the "Company") Retirement Savings 401 (k) Plan ("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 defined contribution plan covering all full-time employees of the Companies who have one year of service and are twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan became effective January 1, 1990.

Contributions - Each year, participants may contribute the lesser of $16,500 for 2009 and $15,500 for 2008 or 100% of their compensation. If a participant reached age 50 in 2009 or 2008, the participant could contribute an additional $5,500 or $5,000 to the Plan, respectively. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes matching contributions equal to 5% of amounts contributed by a participant during each plan year. The Company ceased making matching contributions to the Plan beginning December, 2008. In addition, the Company has the right to make additional discretionary contributions to the Plan. These contributions shall be unrelated to any employee contributions made during the Plan year and shall be distributed to employees on a pro rata basis as of the end of the Plan year.

Participant Accounts - Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution and Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Forfeitures of terminated participants' nonvested account balances are allocated to participants in the same manner as Company contributions.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service as follows:

Years of Service	Vesting
2	20%
3	40%
4	60%
5	80%
6	100%

THE GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits - On termination of service due to death, disability, retirement or other reason, a participant receives a lump-sum amount equal to the value of the participant's vested interest in his or her account. Additionally, the Plan has provisions for an active participant to receive hardship withdrawals from his or her account, subject to limitations and restrictions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis.

Payment of Benefits - Benefits are recorded when paid.

NOTE 3 - INVESTMENTS

The majority of the Plan's investments are mutual funds held by a trust fund and administered by Fifth Third Bank. Bank trust funds combine assets of unrelated trusts for investment purposes and each plan owns their respective portion of the trusts' underlying assets. The following schedules present the fair values of plan investments.

	December 31, 2009		December 31, 2008	
	Shares or Par Value	Fair Value	Shares or Par Value	Fair Value
Bond Funds	38,925	$ 337,865	35,436	$ 287,033
Equity Funds	2,054,527	6,822,144	1,955,805	5,694,899
		$7,160,009		$5,981,932

THE GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - PLAN TERMINATION

Although it has not expressed an intent to do so, the Company has the right under the Plan to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, the respective participant interest, net of any termination fees, will be distributed to each Plan participant.

NOTE 5 - TAX STATUS

The Plan is designed to be qualified and exempt from income taxes under Sections 401(a) and 501(a), respectively, of the Internal Revenue Code (IRC). Therefore, contributions made by the Companies and earnings received by the Plan are not taxable to the participants. However, distributions from the Plan are subject to federal income taxes based upon the amount and nature of the distributions.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 7 - UNAUDITED INFORMATION

Fifth Third Bank, the trustee of the Plan, holds the following Plan investment assets and executes transactions therein. Financial information relating to those assets is included in the accompanying financial statements and financial schedules based on information certified by Fifth Third Bank.

GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 7 - UNAUDITED INFORMATION (Continued)

That information, which has not been audited by independent accountants, is summarized below:

	December 31,	
	2009	2008
Cash and Cash Equivalents	$ 32,361	$ 32,511
Investments:		
Bond Funds	$ 337,865	$ 287,033
Equity Funds	6,822,144	5,694,899
	$7,160,009	$5,981,932

Changes in net assets not audited include the following:

	Year Ended December 31, 2009
Interest and Dividends	$133,482
Realized Loss on Sale Of Investments	(21,138)
Net Unrealized Gain in Fair Value of Investments	1,066,145

THE GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF DECEMBER 31, 2009

Description	Cost Value	Market Value
Baron Growth Fund	$ 60,630	$ 64,212
Dodge & Cox Balanced Fund	1,451,029	1,371,686
Federated Kaufman Fund-K	762,173	602,014
Fifth Third Disciplined Lrg Cap Value I	22,017	22,442
Fifth Third International Equity Instl	607,775	476,793
Fifth Third LifeModel Aggressive-Instl	156,946	126,927
Fifth Third LifeModel Conservative Instl	7,530	7,565
Fifth Third LifeModel Mod Agg Instl	82,098	67,593
Fifth Third LifeModel Mod Cons Instl	12,595	11,999
Fifth Third LifeModel Moderate Instl	27,566	24,299
Fifth Third Total Return Bond Instl	346,347	337,865
Fifth Third Stable Value Fund (A)	1,386,688	1,683,311
Goldman Sachs Mid Cap Value	25,296	27,108
Royce Total Return Fund Inv	495,508	421,707
SSgA S & P 500 Index	983,127	1,106,365
T. Rowe Price Growth Stock	919,516	808,123
Total Assets Held for Investment	$7,346,841	$7,160,009

THE GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS 401(k) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF DECEMBER 31, 2008

Description	Cost Value	Market Value
Baron Growth Fund	$ 32,396	$ 21,586
Dodge & Cox Balanced Fund	1,534,782	1,137,807
Federated Kaufman Fund-K	788,448	472,895
Fifth Third Disciplined Lrg Cap Value I	15,632	11,244
Fifth Third International Equity Instl	611,294	372,518
Fifth Third LifeModel Aggressive-Instl	169,021	125,379
Fifth Third LifeModel Conservative Instl	13,332	11,936
Fifth Third LifeModel Mod Agg Instl	154,280	99,309
Fifth Third LifeModel Mod Cons Instl	5,814	4,156
Fifth Third LifeModel Moderate Instl	29,320	21,683
Fifth Third Total Return Bond Instl	312,165	287,033
Fifth Third Stable Value Fund (A)	1,258,480	1,578,206
Goldman Sachs Mid Cap Value Instl	14,437	9,480
Royce Total Return Fund Inv	518,171	330,753
SSgA S & P 500 Index	1,012,440	924,892
T. Rowe Price Growth Stock	970,701	573,055
Total Assets Held for Investment	$7,440,713	$5,981,932

ASSETS HELD FOR INVESTMENT PURPOSES

GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS PLAN

01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1FIEIX			607,775.24	476,793.50
1BGRFX			60,630.35	64,211.76
1RYTRX			495,507.69	421,706.60
1KAUFX			762,173.04	602,013.69
1GSMCX			25,296.23	27,108.26
1FEINX			22,017.08	22,442.43
1LASIX			156,946.12	126,927.30
1SVSPX			983,126.72	1,106,365.49
1PRGFX			919,515.75	808,123.24
1DC-BAL			1,451,029.48	1,371,685.54
1LCVIX			7,530.26	7,564.81
1LMAIX			82,097.19	67,593.13
1LIMVX			12,594.91	11,999.09
1LMDIX			27,566.41	24,299.07
1KNIIX			346,347.10	337,864.87
153SVFA			1,386,687.57	1,683,310.62
			7,346,841.14	**7,160,009.40**
FORFEITURES			32,360.20	32,360.20

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 34-1547327

LEGEND

INVESTMENT OPTION:

1FIEIX	Fifth Third International Equity Instl	1BGRFX	Baron Growth Fund
1RYTRX	Royce Total Return Fund Inv	1KAUFX	Federated Kaufmann Fund - K
1GSMCX	Goldman Sachs Mid Cap Value Instl	1FEINX	Fifth Third Disciplined Lrg Cap Value I
1LASIX	Fifth Third LifeModel Aggressive - Instl	1SVSPX	SSgA S & P 500 Index
1PRGFX	T. Rowe Price Growth Stock	1DC-BAL	Dodge & Cox Balanced Fund
1LCVIX	Fifth Third LifeModel Conservative Instl	1LMAIX	Fifth Third LifeModel Mod Agg Instl
1LIMVX	Fifth Third LifeModel Mod Cons Instl	1LMDIX	Fifth Third LifeModel Moderate Instl
1KNIIX	Fifth Third Total Return Bond Instl	153SVFA	Fifth Third Stable Value Fund (A)

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GANLEY MANAGEMENT COMPANY, INC. RETIREMENT SAVINGS PLAN

01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1053SVFA	17.74	17.740000	12	(98.91)	(98.910000)	3	(98.91)	SERIES
1153SVFA	51.37	51.370000	17	(286.59)	(286.590000)	6	(286.59)	SERIES
253SVFA	9.34	9.340000	13	(49.05)	(49.050000)	3	(49.05)	SERIES
353SVFA	3,397.21	3,397.210000	109	(2,124.33)	(2,124.330000)	9	(2,124.33)	SERIES
453SVFA	24.61	24.610000	12	(137.44)	(137.440000)	3	(137.44)	SERIES
553SVFA	4.50	4.500000	24	(25.12)	(25.120000)	6	(25.12)	SERIES
653SVFA	121.86	121.860000	24	(679.98)	(679.980000)	6	(679.98)	SERIES
753SVFA	12.77	12.770000	12	(71.31)	(71.310000)	3	(71.31)	SERIES
853SVFA	42.44	42.440000	12	(236.81)	(236.810000)	3	(236.81)	SERIES
953SVFA	26.97	26.970000	12	(150.46)	(150.460000)	3	(150.46)	SERIES
1FIEIX	139,368.93	19,845.525600	616	(113,895.98)	(17,081.097780)	1226	(142,887.84)	SERIES
1BGRFX	54,731.14	1,658.374662	171	(27,286.96)	(804.615500)	328	(26,496.88)	SERIES
1RYTRX	87,437.80	9,375.166416	670	(66,161.70)	(8,382.000243)	1024	(110,101.41)	SERIES
1KAUFX	69,593.12	17,990.373249	660	(70,942.26)	(20,162.717277)	1927	(95,868.29)	SERIES
1GSMCX	39,669.65	1,809.183640	149	(27,989.16)	(1,306.885317)	247	(28,810.20)	SERIES
1FEINX	20,350.55	2,586.181773	203	(13,335.39)	(1,639.992147)	162	(13,965.59)	SERIES
1LASIX	45,518.76	5,189.280585	430	(54,337.72)	(7,673.267367)	397	(57,593.74)	SERIES
1SVSPX	137,083.53	8,993.146517	1527	(157,138.73)	(10,833.518762)	2621	(166,307.73)	SERIES
1PRGFX	96,928.14	4,498.878873	799	(101,604.98)	(4,907.826360)	2416	(147,987.74)	SERIES
1DC-BAL	186,233.54	3,447.136888	1783	(209,942.55)	(4,221.371232)	3153	(269,985.78)	SERIES
1LCVIX	5,444.72	646.690735	111	(10,913.06)	(1,260.310000)	83	(11,246.81)	SERIES
1LMAIX	11,732.35	1,355.544191	427	(47,901.39)	(6,287.732364)	369	(83,915.34)	SERIES
1LIMVX	6,977.55	850.333997	127	(189.99)	(24.132955)	76	(196.57)	SERIES
1LMDIX	13,415.11	1,480.162951	162	(13,733.74)	(1,525.926029)	115	(15,168.49)	SERIES
1KNIIX	79,848.59	9,338.902776	1759	(47,957.84)	(5,850.601500)	857	(45,666.09)	SERIES
153SVFA	672,196.09	672,196.090000	5193	(567,087.70)	(567,087.717000)	2571	(543,988.92)	SERIES

LEGEND

INVESTMENT OPTION:

1053SVFA	Fifth Third Stable Value (A) Forf. 2002	1153SVFA	Fifth Third Stable Value (A) Forf. 2003
253SVFA	Fifth Third Stable Value Fund (A)	353SVFA	Fifth Third Stable Value Fund (A)
453SVFA	Fifth Third Stable Value(A)ER Hold Acct.	553SVFA	Fifth Third Stable Value (A) Forf. 1997
653SVFA	Fifth Third Stable Value (A) Forf. 1998	753SVFA	Fifth Third Stable Value (A) Forf. 1999
853SVFA	Fifth Third Stable Value (A) Forf. 2000	953SVFA	Fifth Third Stable Value (A) Forf. 2001
1FIEIX	Fifth Third International Equity Instl	1BGRFX	Baron Growth Fund
1RYTRX	Royce Total Return Fund Inv	1KAUFX	Federated Kaufmann Fund - K
1GSMCX	Goldman Sachs Mid Cap Value Instl	1FEINX	Fifth Third Disciplined Lrg Cap Value I
1LASIX	Fifth Third LifeModel Aggressive - Instl	1SVSPX	SSgA S & P 500 Index
1PRGFX	T. Rowe Price Growth Stock	1DC-BAL	Dodge & Cox Balanced Fund
1LCVIX	Fifth Third LifeModel Conservative Instl	1LMAIX	Fifth Third LifeModel Mod Agg Instl
1LIMVX	Fifth Third LifeModel Mod Cons Instl	1LMDIX	Fifth Third LifeModel Moderate Instl
1KNIIX	Fifth Third Total Return Bond Instl	153SVFA	Fifth Third Stable Value Fund (A)