

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information	
1a Name of plan	1b Three-digit plan number (PN) ▶	001
KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN	1c Effective date of plan	07/01/1998
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN)	59-3100430
KNIGHT ENTERPRISES	2c Sponsor's telephone number	727-524-6235
6056 ULMERTON ROAD CLEARWATER, FL 33760	2d Business code (see instructions)	238900

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.	10/14/2010	DONNA P. BENTLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	DONNA P. BENTLEY
	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")

KNIGHT ENTERPRISES

6056 ULMERTON ROAD
CLEARWATER, FL 33760**3b** Administrator's EIN

59-3100430

3c Administrator's telephone number

727-524-6235

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**

126

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**

133

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

0

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

6

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

139

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

0

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

139

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

66

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

6

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☒**A** (Insurance Information)(4) ☐**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. KNIGHT ENTERPRISES		
D Employer Identification Number (EIN) 59-3100430		

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.
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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	38461	67	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
2914	2915

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
KOVACK SECURITIES, INC. 6451 N FEDERAL HIGHWAY #1201 FT. LAUDERDALE, FL 33308

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2914			6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN PENSION SERVICES, LLC. 2451 MCMULLEN BOOTH ROAD, SUITE 200 CLEARWATER, FL 33759

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2913	SALES/ADMINISTRATION	5

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

VANGUARD GROUP, INC.

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

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

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

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

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

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

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

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

(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	1217871

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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 ▶ GROUP ANNUITY

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	0
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d Total of balance and additions (add b and c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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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. ▶

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KNIGHT ENTERPRISES		D Employer Identification Number (EIN) 59-3100430
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 121928
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 259763
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 326256
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 63563
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 1059
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 103
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 222
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 26968
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 33073
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 644
a Name of MTIA, CCT, PSA, or 103-12 IE: JH ROYCE OPPORTUNITY		
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) 440
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 112411
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 464
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 2052
a Name of MTIA, CCT, PSA, or 103-12 IE: JH T. ROWE 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) 102
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 10454
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 26387

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 8244
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 160
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 80
a Name of MTIA, CCT, PSA, or 103-12 IE: JH STRATEGIC 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) 9858
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LM PARTNERS GLB HIGH FIELD		
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) 133
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 90
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) 46
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 46
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 472
a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL CAP OPPORTUNITIES 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) 46

a Name of MTIA, CCT, PSA, or 103-12 IE: JH PIMCO ALL ASSET		
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) 21291

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 753

a Name of MTIA, CCT, PSA, or 103-12 IE: JH WASHINGTON MUTUAL INVESTOR		
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) 2129

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 7132

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 92

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 4647

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 84

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LEGG PARTNERS AGG 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) 352

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 774

a Name of MTIA, CCT, PSA, or 103-12 IE: JH CAPITAL APPRECIATION 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) 1016

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 1515

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MUTUAL 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) 319

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 140

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 370

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 52309

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 872

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 9606

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 198

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 15287

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 12200

a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 97
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 34221
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 49
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 37469
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 5886
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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) 982
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH 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) 3015
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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)
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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)
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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)
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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
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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 KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 KNIGHT ENTERPRISES	D Employer Identification Number (EIN) 59-3100430	

Part I	Asset and Liability Statement
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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	5072	6682
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3496
(2) Participant contributions	1b(2)	0	5303
(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)	97635	172759
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	902009	1217871
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	1004716	1406111

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1004716	1406111
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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)	110754	
(B) Participants	2a(1)(B)	164244	
(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)		274998
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7618	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7618
(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)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		263757
(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)		0
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		546373

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	134404	
(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)		134404
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)	8772	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1802	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10574
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		144978

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		401395
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: GOLDSTEIN,ZUGMAN,WEINSTEIN & POOLE

(2) EIN: 20-0453834

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		150000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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 <u>KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KNIGHT ENTERPRISES</u>	D Employer Identification Number (EIN) <u>59-3100430</u>

Part I	Distributions
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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	<u>0</u>
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): <u>01-0233346</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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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.
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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):

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2009

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2009

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Certified Public Accountants and Consultants

Irving L. Goldstein, CPA, PA
David B. Zugman, CPA, PA
Frederick S. Weinstein, CPA, PA
Keenan L. Poole, CPA, PA
David B. Black, CPA, PA
Steven M. Borisman, CPA, PA
George F. Horvath, CPA, PA

Geraldine (Dee Dee) Poole, CPA
Christopher Parsolan, CPA
Adele R. Shea, CPA
Barbara Gayle, CPA
Michael Preville, CPA

Please reply to:

300 South Pine Island Road
Suite 300
Plantation, Florida 33324
Broward: 954.845.1175
Miami-Dade: 305.944.0172
Palm Beach: 561.392.2595
Fax: 954.845.1185
admin@gzwpcpa.com

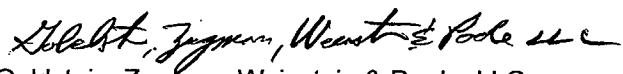
INDEPENDENT AUDITORS' REPORT

**To the Plan Administrator of
Knight Enterprises 401(k) Retirement & Profit Sharing Plan
Clearwater, Florida**

We were engaged to audit the accompanying statement of net assets available for benefits of Knight Enterprises 401(k) Retirement & Profit Sharing Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. 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 Notes C and D, which was certified by John Hancock Life Insurance Company (U.S.A.), 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 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 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.


Goldstein, Zugman, Weinstein & Poole, LLC
Plantation, Florida
October 6, 2010

KNIGHT ENTERPRISES 401(k) RETIREMENT & PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009

ASSETS

Cash	\$ 6,682
Investments:	
Pooled/Separate Accounts	1,217,871
Loan Security Accounts	<u>172,759</u>
Total Investments	<u>1,390,630</u>
Receivables	
Employer's Contribution	3,496
Participants' Contributions	<u>5,303</u>
Total Receivables	<u>8,799</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 1,406,111</u></u>

The accompanying notes are an integral part of this statement.

KNIGHT ENTERPRISES 401(k) RETIREMENT & PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment Income:

Interest on Loan Security Accounts	\$ 7,618
Income on Other Investments	<u>253,183</u>
Total Investment Income	<u>260,801</u>

Contributions:

Employer's	110,754
Participants'	<u>164,244</u>
Total Contributions	<u>274,998</u>

Net Additions to Net Assets	535,799
-----------------------------	---------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits Paid Directly to Participants	<u>134,404</u>
Net Increase in Net Assets Available for Benefits	401,395

NET ASSETS AVAILABLE FOR BENEFITS,

Beginning of Year	<u>1,004,716</u>
-------------------	------------------

NET ASSETS AVAILABLE FOR BENEFITS,

End of Year	<u><u>\$ 1,406,111</u></u>
-------------	----------------------------

The accompanying notes are an integral part of this statement.

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009

NOTE A – DESCRIPTION OF PLAN

The following description of Knight Enterprises 401(k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all full-time employees of Jeffrey Knight, Inc., d/b/a Knight Enterprises, who have at least one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute pretax annual compensation, as defined in the Plan, to a maximum as defined by Internal Revenue Code Section 402(g), which placed contribution limits from each participant at \$16,500 for 2009. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$5,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company makes a discretionary matching contribution equal to the lesser of 100% of participant contributions or 4% of participant plan compensation. Forfeitures are used to reduce employer contributions. Contributions are subject to certain additional limitations.

Investment Options. Participants direct the investment of their contributions and matching contributions into various investment options offered by the Plan. The Plan offers various mutual funds and insurance investment contracts as investment options for participants.

Participant Accounts. Each participant's account is credited with the participant's contributions, net investment earnings on his/her account balance, and his/her share of the Company's contributions. Investment earnings and losses result from each participant's self-directed account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after five years of credited service, which can be accelerated should the Plan become top heavy.

Participant Loans. Participants may borrow from their fund accounts the lesser of \$50,000 or 50% of their vested account balances. Each loan is secured by the balance in the participant's account and bears interest at a rate based on the prime rate as determined at the time of loan. Principal and interest are collected ratably through bi-weekly payroll deductions for a period not to exceed five years.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his/her account in either a lump-sum amount or in annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his/her account as a lump-sum distribution or it can be held by the Plan on behalf of the participant until withdrawal at the participant's election.

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. *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.

2. *Investment Valuation*

The Plan's investments are stated at fair value.

The values of pooled/separate accounts are calculated daily using the quoted market price for each investment option. See Note D regarding the fair values of loan security accounts.

Historical cost is the amount paid for an asset. The John Hancock Life Insurance Company (U.S.A.) ("John Hancock"), who provides fiduciary, investment management and administrative services, tracks historical cost for all purchases and sales of each investment option at the participant level and reports them using a moving-average cost basis. The realized gain/loss calculations reflect the gain/loss (included in net investment income or loss) calculated using historical cost of the investment options at the participant level.

4. *Operating Expenses*

All expenses of maintaining the Plan are paid by the Company (see Note C).

NOTE C – CASH

The Plan maintains its cash balance in an account that is held by John Hancock. This account is funded by forfeitures of participant balances. Under the terms of the Plan, this balance is available to reduce the Company's contributions or to pay any operating expenses that may not be paid by the Company (see Note B). The cash balance was \$6,682 at December 31, 2009.

The cash activity during 2009 consisted of forfeited non-invested accounts in the amount of \$1,610.

NOTE D – INVESTMENTS

All of the Plan's investments are held by John Hancock and are participant directed. The following table presents investments at December 31, 2009.

Investments:

Pooled/Separate Accounts	\$ 1,217,871
Loan Security Accounts	172,759
	<u>\$ 1,390,630</u>

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009

NOTE D – INVESTMENTS (continued)

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of pooled/separate accounts, which consist solely of mutual funds, are based on quoted net asset values of the shares held by the Plan at year-end. The fair value of Level 1 investments totaled \$1,217,871 at December 31, 2009.

Level 3 Fair Value Measurements

The loan security accounts are not actively traded and significant other observable inputs are not available. The fair value of the loan security accounts is equal to the amortized cost of the loans because the loans are made at market interest rates, which consider that the loans are secured by each participant's account balance (see Note B). The following table provides further details of the Level 3 fair value measurements.

**Loan Security
Accounts**

December 31, 2009:

Beginning balance	\$ 97,635
Interest on loan security accounts	7,618
Purchases, sales, issuances and settlements (net)	<u>67,506</u>
	<u>\$172,759</u>

NOTE E – PLAN TERMINATION

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

NOTE F – TAX STATUS

The Plan obtained its latest determination letter on September 18, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009

NOTE G – RISKS AND UNCERTAINTIES

Investments

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

Uncertain Tax Positions

FASB Accounting Standards Codification Subtopic 740-10, ("ASC 740-10", formerly Interpretation No. 48), *Accounting for Uncertainty in Income Taxes*, interprets the former SFAS 109, *Accounting for Income Taxes* and provides guidance as it relates to an entity's recognition, measurement, and disclosure of positions taken or expected to be taken on its tax return(s). ASC 740-10 requires that financial statements reflect the expected future tax consequences of such positions, assuming the tax authorities have full knowledge of position and all relevant facts.

ASC 740-10 applies only to taxes based on income and accounted for under SFAS 109. Under the rules, companies must determine and assess all material positions existing as of the date the Subtopic is adopted, including all significant uncertain positions, and all tax years that are open to assessment or challenge under tax statutes. Additionally, those positions that have only timing consequences are analyzed and separated based on ASC 740-10's recognition and measurement model.

The Plan adopted ASC 740-10 effective January 1, 2009 and concluded that the effect is not material to its financial statements.

ASC 740-10 also requires disclosure of the Plan's accounting policy regarding interest and penalties related to income taxes and of the tax years in each jurisdiction that are open to assessment or challenge under tax statutes. The Plan's policy is to record such interest and penalties upon assessment by the relevant taxing authorities, although no such amounts were incurred during 2009.

The Plan's open tax years for Federal purposes are the years ended December 31, 2007, 2008 and 2009.

NOTE H – SUBSEQUENT EVENTS

The Plan's trustee has considered the effects of events occurring subsequent to December 31, 2009 and through October 6, 2010, the date that these financial statements were available to be issued, and has determined that no subsequent events have occurred that would require adjustment to, or disclosure in, these financial statements.

SUPPLEMENTAL 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 KNIGHT ENTERPRISES 401 (K) RETIREMENT & PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500. KNIGHT ENTERPRISES	D Employer Identification Number (EIN) 59-3100430	
Part II 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
01-0233346	65838	38461
		(e) Approximate number of persons covered at end of policy or contract year
		67
		Policy or contract year
		(f) From
		1/1/2009
		(g) To
		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
2,914		2,915
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 KOVACK SECURITIES, INC. 6451 N FEDERAL HIGHWAY #1201 US FT. LAUDERDALE FL 33308		
(b) Amount of sales and base commissions paid	Fees and other commissions paid	
	(c) Amount	(d) Purpose
2,914		
		(e) Organization code
		6
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid AMERICAN PENSION SERVICES, LLC. 2451 MCMULLEN BOOTH ROAD, SUITE 200 US CLEARWATER FL 33759		
(b) Amount of sales and base commissions paid	Fees and other commissions paid	
	(c) Amount	(d) Purpose
	2,913	SALES/ADMINISTRATION
		(e) Organization code
		5

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

Schedule A (Form 5500) 2009
v.092308.1

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

VANGUARD GROUP, INC.
P.O. BOX 2600

US VALLEY FORGE

PA 19482-2600

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

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

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

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

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

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

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

(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 III**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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	1,217,871

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

GROUP ANNUITY

b Balance at the end of the previous year**7b**

0

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

0

(6) Total additions

7c(6)

0

d Total of balance and additions (add b and c(6))**7d**

0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

0

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

0

(4) Other (specify below)

7e(4)

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract e(5) from d)**7f**

0

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 KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 KNIGHT ENTERPRISES		D Employer Identification Number (EIN) 59-3100430

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	5,072	6,682
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3,496
(2) Participant contributions	1b(2)	0	5,303
(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)	97,635	172,759
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	902,009	1,217,871
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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

Schedule H (Form 5500) 2009
v.092308

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	1,004,716	1,406,111
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1,004,716	1,406,111

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.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	110,754	
(B) Participants	2a(1)(B)	164,244	
(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)		274,998

b Earnings on investments:

(1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit).	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7,618	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7,618

(2) Dividends: (A) Preferred stock

(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

(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets.	2b(5)(C)		
Add lines 2b(5)(A) and (B)			
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		263,757
(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)		0
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		546,373

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	134,404	
(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)		134,404
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)	8,772	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1,802	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10,574
j Total expenses. Add all expense amounts in column (b) and enter total	2j		144,978

Net Income and Reconciliation

k Net income (loss) (subtract line 2j from line 2d)	2k		401,395
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: GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE

(2) EIN: 20-0453834

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.)		☒	
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.)		☒	
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)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		150,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN

Employer Identification Number

59-3100430

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	LIFESTYLE CONSERVATIVE		26,968
	JOHN HANCOCK LIFE INSURANCE CO	LIFESTYLE MODERATE		63,563
	JOHN HANCOCK LIFE INSURANCE CO	LIFESTYLE BALANCED		326,256
	JOHN HANCOCK LIFE INSURANCE CO	LIFESTYLE GROWTH		259,763
	JOHN HANCOCK LIFE INSURANCE CO	LIFESTYLE AGGRESSIVE		121,928
	JOHN HANCOCK LIFE INSURANCE CO	JOHN HANCOCK STRATEGIC, INC		9,858
	JOHN HANCOCK LIFE INSURANCE CO	T. ROWE PRICE SPECTRUM, INC		80
	JOHN HANCOCK LIFE INSURANCE CO	LM PARTNERS GLB HIGH YIELD		133
	JOHN HANCOCK LIFE INSURANCE CO	PIMCO REAL RETURN		464
	JOHN HANCOCK LIFE INSURANCE CO	PIMCO GLOBAL BOND		160
	JOHN HANCOCK LIFE INSURANCE CO	PIMCO TOTAL RETURN		8,244
	JOHN HANCOCK LIFE INSURANCE CO	SHORT TERM FEDERAL		112,411
	JOHN HANCOCK LIFE INSURANCE CO	PIMCO ALL ASSET		21,291
	JOHN HANCOCK LIFE INSURANCE CO	AMERICAN BALANCED FUND		753
	JOHN HANCOCK LIFE INSURANCE CO	INVESTMENT COMPANY OF AMERICA		92
	JOHN HANCOCK LIFE INSURANCE CO	BLACKROCK GLOBAL ALLOCATION		84
	JOHN HANCOCK LIFE INSURANCE CO	WASHINGTON MUTUAL INVESTORS		2,129
	JOHN HANCOCK LIFE INSURANCE CO	MUTUAL BEACON		1,515
	JOHN HANCOCK LIFE INSURANCE CO	T. ROWE PRICE EQUITY, INC		7,132
	JOHN HANCOCK LIFE INSURANCE CO	DAVIS NEW YORK VENTURE		4,647
	JOHN HANCOCK LIFE INSURANCE CO	MUTUAL GLOBAL DISCOVERY		319
	JOHN HANCOCK LIFE INSURANCE CO	THE GROWTH FUND OF AMERICA		12,200
	JOHN HANCOCK LIFE INSURANCE CO	JENNISON GROWTH		5,886
	JOHN HANCOCK LIFE INSURANCE CO	TEMPLETON WORLD		3,015
	JOHN HANCOCK LIFE INSURANCE CO	BLACKROCK LARGE VALUE		872
	JOHN HANCOCK LIFE INSURANCE CO	MFS UTILITIES		52,309
	JOHN HANCOCK LIFE INSURANCE CO	OPPENHEIMER GLOBAL		97
	JOHN HANCOCK LIFE INSURANCE CO	JPM MIDCAP VALUE FUND		140
	JOHN HANCOCK LIFE INSURANCE CO	COLUMBIA VALUE & RESTRUCTING		15,287
	JOHN HANCOCK LIFE INSURANCE CO	EUROPACIFIC GROWTH FUND		34,221
	JOHN HANCOCK LIFE INSURANCE CO	T. ROWE PRICE HEALTH SCI		644
	JOHN HANCOCK LIFE INSURANCE CO	LEGG PARTNERS AGG GROWTH		352
	JOHN HANCOCK LIFE INSURANCE CO	AIM SMALL CAP GROWTH		10,454
	JOHN HANCOCK LIFE INSURANCE CO	AMERICAN CENTURY VISTA		982
	JOHN HANCOCK LIFE INSURANCE CO	DAVIS FINANCIAL		49
	JOHN HANCOCK LIFE INSURANCE CO	DFA US SMALL CAP FUND		774
	JOHN HANCOCK LIFE INSURANCE CO	T. ROWE PRICE SCI & TECH		102
	JOHN HANCOCK LIFE INSURANCE CO	OPPENHEIMER DEVELOPING MKT		33,073
	JOHN HANCOCK LIFE INSURANCE CO	ENERGY		37,469

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

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN

Employer Identification Number

59-3100430

Three-digit
plan number ▶ 001

[illegible]



Historical Cost Summary Report For Contract Number 38461

THE TRUSTEES OF KNIGHT ENTERPRISES

Audit Year Ending DECEMBER 31, 2009 Page 1

<u>Investment Funds</u>	<u>Historical Cost</u>
PIMCO All Asset	\$21,024.47
American Balanced Fund	\$761.91
American Century Small Co	\$0.00
All Cap Value Fund	\$39.06
Lifestyle Aggressive	\$117,420.18
American Century Vista	\$862.81
Blue Chip Growth Fund	\$364.39
BlackRock Global Allocation	\$84.95
Lifestyle Balanced	\$282,026.35
Lifestyle Conservative	\$25,132.41
Capital Appreciation Fund	\$964.39
T. Rowe Price Equity Inc	\$7,024.94
Mutual Global Discovery	\$297.42
Templeton World	\$3,154.94
Oppenheimer Developing Mkt	\$29,286.16
EuroPacific Growth Fund	\$31,540.24
Optimized Value Fund	\$84.28
Davis Financial	\$41.91
T. Rowe Price Blue Chip	\$0.00
UBS Global Allocation	\$0.00
Jennison Growth	\$5,592.77
The Growth Fund of America	\$9,860.77
Lifestyle Growth	\$240,053.75
Short-Term Federal	\$109,543.73
T. Rowe Price Health Sci	\$536.18
LM Westrn Asset Glb High Yield	\$113.16
Investment Company of America	\$84.28
T. Rowe Price Spectrum Inc	\$75.32
500 Index Fund	\$41.93
Intl Small Cap Fund	\$77.57
International Value Fund	\$1,324.61
Legg Mason Growth	\$0.00
Mid Cap Index Fund	\$0.00
All Cap Growth Fund	\$194.50
Mid Cap Stock Fund	\$2,660.36
Mutual Beacon	\$1,196.86
JPM MidCap Value Fund	\$126.63
BlackRock Large Value	\$881.75
Lifestyle Moderate	\$59,188.09
Money Market Fund	\$26,569.41
Mid Value Fund	\$380.96
Royce Opportunity	\$378.23
PIMCO Global Bond	\$151.15
PIMCO Real Return	\$420.85
DWS RREEF Real Estate	\$0.00
Real Est. Securities Fund	\$183.94
AIM Small Cap Growth	\$10,356.62
DFA U.S. Small Cap Fund	\$573.88
T. Rowe Price Sci & Tech	\$84.25



Historical Cost Summary Report For Contract Number 38461

THE TRUSTEES OF KNIGHT ENTERPRISES

Audit Year Ending DECEMBER 31, 2009 Page 2

<u>Investment Funds</u>	<u>Historical Cost</u>
Small Cap Value Fund	\$9,520.20
Small Cap Opportunities Fund	\$37.95
John Hancock Strategic Inc	\$8,315.82
Legg Mason ClearBr Agg Growth	\$306.52
PIMCO Total Return	\$7,917.55
MFS Utilities	\$44,342.15
Davis New York Venture	\$4,308.34
Energy	\$31,087.34
John Hancock Classic Value	\$0.00
Columbia Value & Restructuring	\$11,749.28
Washington Mutual Investors	\$2,117.77
Oppenheimer Global	\$92.95



5% of Reportable Transactions Summary Report For Contract Number 38461

THE TRUSTEES OF KNIGHT ENTERPRISES

Audit Year Ending DECEMBER 31, 2009

Page 1

Purchases	Purchases		Sales		
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost
Guaranteed Funds					Net Gain/(loss)
Oppenheimer Global	0	\$0.00			\$0.00
Total	0	\$0.00			\$0.00
Investment Funds					
PIMCO All Asset	40	\$21,043.36			\$21,043.36
American Balanced Fund	39	\$175.52			\$175.52
American Century Small Co	8	\$10.13			\$10.13
All Cap Value Fund	39	\$34.85			\$34.85
Lifestyle Aggressive	56	\$56,259.45			\$56,259.45
American Century Vista	40	\$7,341.25			\$7,341.25
Blue Chip Growth Fund	13	\$364.92			\$364.92
BlackRock Global Allocation	12	\$85.14			\$85.14
Lifestyle Balanced	57	\$141,719.64			\$141,719.64
Lifestyle Conservative	53	\$14,075.78			\$14,075.78
Capital Appreciation Fund	1	\$965.91			\$965.91
T. Rowe Price Equity Inc	41	\$7,030.04			\$7,030.04
Mutual Global Discovery	39	\$397.77			\$397.77
Templeton World	39	\$69.99			\$69.99
Oppenheimer Developing Mkt	40	\$22,136.36			\$22,136.36
EuroPacific Growth Fund	43	\$29,279.59			\$29,279.59
Optimized Value Fund	39	\$69.99			\$69.99
Davis Financial	39	\$34.85			\$34.85
T. Rowe Price Blue Chip	28	\$88.33			\$88.33
UBS Global Allocation	28	\$54.14			\$54.14
Jennison Growth	40	\$5,594.20			\$5,594.20
The Growth Fund of America	41	\$15,775.94			\$15,775.94
Lifestyle Growth	55	\$88,102.37			\$88,102.37
Short-Term Federal	48	\$71,104.41			\$71,104.41
T. Rowe Price Health Sci	21	\$271.40			\$271.40
LM Western Asset Glb High Yield	39	\$105.12			\$105.12
Investment Company of America	39	\$69.99			\$69.99
T. Rowe Price Spectrum Inc	39	\$69.99			\$69.99
500 Index Fund	39	\$34.85			\$34.85
Intl Small Cap Fund	39	\$71.76			\$71.76
International Value Fund	0	\$0.00			\$0.00
Legg Mason Growth	18	\$391.62			\$391.62
Mid Cap Index Fund	14	\$6,949.43			\$6,949.43
All Cap Growth Fund	39	\$175.52			\$175.52
Mid Cap Stock Fund	39	\$115.27			\$115.27
Mutual Beacon	39	\$664.24			\$664.24
JPM MidCap Value Fund	39	\$105.12			\$105.12
BlackRock Large Value	39	\$417.84			\$417.84
Lifestyle Moderate	54	\$32,251.86			\$32,251.86
Money Market Fund	31	\$101,495.53			\$101,495.53
Mid Value Fund	40	\$671.93			\$671.93



5% of Reportable Transactions Summary Report For Contract Number 38461

THE TRUSTEES OF KNIGHT ENTERPRISES

Audit Year Ending DECEMBER 31, 2009

Page 2

Purchases	Purchases		Sales			
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Royce Opportunity	39	\$343.70			\$343.70	
PIMCO Global Bond	39	\$140.36			\$140.36	
PIMCO Real Return	21	\$208.58			\$208.58	
DWS RREEF Real Estate	28	\$108.56			\$108.56	
Real Est. Securities Fund	12	\$184.30			\$184.30	
AIM Small Cap Growth	40	\$10,065.93			\$10,065.93	
DFA U.S. Small Cap Fund	32	\$594.90			\$594.90	
T. Rowe Price Sci & Tech	39	\$69.99			\$69.99	
Small Cap Value Fund	7	\$9,534.59			\$9,534.59	
Small Cap Opportunities Fund	39	\$34.85			\$34.85	
John Hancock Strategic Inc	41	\$11,591.28			\$11,591.28	
Legg Mason ClearBr Agg Growth	26	\$307.57			\$307.57	
PIMCO Total Return	41	\$6,459.23			\$6,459.23	
MFS Utilities	54	\$24,247.88			\$24,247.88	
Davis New York Venture	39	\$1,929.17			\$1,929.17	
Energy	53	\$3,970.05			\$3,970.05	
John Hancock Classic Value	8	\$10.13			\$10.13	
Columbia Value & Restructuring	41	\$16,379.35			\$16,379.35	
Washington Mutual Investors	39	\$2,925.09			\$2,925.09	
Oppenheimer Global	39	\$185.18			\$185.18	
Total	2,123	\$714,966.09			\$714,966.09	

Sales	Purchases		Sales			
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
Oppenheimer Global			0	\$0.00	\$0.00	
Total			0	\$0.00	\$0.00	

Investment Funds						
PIMCO All Asset	5	\$70.28-			\$68.70-	\$1.58
American Balanced Fund	5	\$89.62-			\$105.85-	\$16.23-
American Century Small Co	2	\$571.48-			\$958.01-	\$386.53-
All Cap Value Fund	5	\$17.05-			\$15.37-	\$1.68
Lifestyle Aggressive	20	\$150,911.14-			\$188,856.93-	\$37,945.79-
American Century Vista	9	\$8,893.15-			\$8,708.54-	\$184.61
Blue Chip Growth Fund	1	\$0.59-			\$0.53-	\$0.06
BlackRock Global Allocation	1	\$0.21-			\$0.19-	\$0.02
Lifestyle Balanced	39	\$122,320.85-			\$141,391.86-	\$19,071.01-
Lifestyle Conservative	19	\$57,500.35-			\$53,754.56-	\$3,745.79
Capital Appreciation Fund	1	\$1.61-			\$1.52-	\$0.09
T. Rowe Price Equity Inc	5	\$77.58-			\$79.94-	\$2.36-
Mutual Global Discovery	8	\$4,958.85-			\$5,821.81-	\$862.96-



5% of Reportable Transactions Summary Report For Contract Number 38461

THE TRUSTEES OF KNIGHT ENTERPRISES
Audit Year Ending DECEMBER 31, 2009

Page 3

Sales	Purchases		Sales			
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Templeton World			5	\$51.10-	\$65.08-	\$13.98-
Oppenheimer Developing Mkt			5	\$128.90-	\$121.60-	\$7.30
EuroPacific Growth Fund			7	\$144.03-	\$134.74-	\$9.29
Optimized Value Fund			5	\$32.94-	\$35.54-	\$2.60-
Davis Financial			5	\$17.80-	\$17.68-	\$0.12
T. Rowe Price Blue Chip			5	\$176.11-	\$163.21-	\$12.90
UBS Global Allocation			5	\$112.72-	\$103.97-	\$8.75
Jennison Growth			5	\$26.65-	\$26.17-	\$0.48
The Growth Fund of America			6	\$7,242.32-	\$5,939.60-	\$1,302.72
Lifestyle Growth			27	\$88,757.35-	\$102,371.61-	\$13,614.26-
Short-Term Federal			11	\$25,860.92-	\$25,025.18-	\$835.74
T. Rowe Price Health Sci			4	\$3.23-	\$2.95-	\$0.28
LM Westrn Asset Glb High Yield			6	\$72.46-	\$66.80-	\$5.66
Investment Company of America			5	\$34.06-	\$35.53-	\$1.47-
T. Rowe Price Spectrum Inc			6	\$46.23-	\$44.49-	\$1.74
500 Index Fund			5	\$16.56-	\$17.68-	\$1.12-
Intl Small Cap Fund			5	\$35.39-	\$28.72-	\$6.67
International Value Fund			4	\$7.46-	\$11.02-	\$3.56-
Legg Mason Growth			4	\$969.22-	\$937.01-	\$32.21
Mid Cap Index Fund			3	\$8,766.60-	\$6,949.43-	\$1,817.17
All Cap Growth Fund			5	\$81.15-	\$75.29-	\$5.86
Mid Cap Stock Fund			5	\$66.20-	\$108.80-	\$42.60-
Mutual Beacon			5	\$90.32-	\$83.52-	\$6.80
JPM MidCap Value Fund			5	\$49.37-	\$53.34-	\$3.97-
BlackRock Large Value			5	\$36.13-	\$42.64-	\$6.51-
Lifestyle Moderate			24	\$32,353.71-	\$32,179.72-	\$173.99
Money Market Fund			5	\$81,326.62-	\$81,209.21-	\$117.41
Mid Value Fund			6	\$1,894.73-	\$1,693.23-	\$201.50
Royce Opportunity			7	\$776.06-	\$1,642.69-	\$866.63-
PIMCO Global Bond			6	\$92.51-	\$89.15-	\$3.36
PIMCO Real Return			4	\$2.61-	\$2.41-	\$0.20
DWS RREEF Real Estate			5	\$211.67-	\$208.50-	\$3.17
Real Est. Securities Fund			1	\$0.41-	\$0.36-	\$0.05
AIM Small Cap Growth			7	\$989.35-	\$1,674.24-	\$684.89-
DFA U.S. Small Cap Fund			5	\$24.10-	\$21.02-	\$3.08
T. Rowe Price Sci & Tech			5	\$38.47-	\$35.55-	\$2.92
Small Cap Value Fund			1	\$14.64-	\$14.39-	\$0.25
Small Cap Opportunities Fund			5	\$16.82-	\$14.47-	\$2.35
John Hancock Strategic Inc			8	\$3,851.25-	\$3,325.27-	\$525.98
Legg Mason ClearBr Agg Growth			4	\$1.29-	\$1.05-	\$0.24
PIMCO Total Return			10	\$115.68-	\$107.84-	\$7.84
MFS Utilities			12	\$15,724.76-	\$13,224.49-	\$2,500.27
Davis New York Venture			7	\$4,028.97-	\$6,887.94-	\$2,858.97-
Energy			13	\$15,234.86-	\$13,702.21-	\$1,532.65
John Hancock Classic Value			2	\$31.09-	\$34.86-	\$3.77-



5% of Reportable Transactions Summary Report For Contract Number 38461

THE TRUSTEES OF KNIGHT ENTERPRISES

Audit Year Ending DECEMBER 31, 2009

Page 4

Sales	Purchases		Sales			
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Columbia Value & Restructuring			6	\$8,599.56-	\$6,647.61-	\$1,951.95
Washington Mutual Investors			8	\$7,577.25-	\$8,045.27-	\$468.02-
Oppenheimer Global			7	\$2,917.14-	\$4,250.30-	\$1,333.16-
Total			431	\$654,061.53-	\$717,237.19-	\$63,175.66-

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) Jeffry Knight, Inc. Number, street, and room or suite no. (if a P.O. box, see instructions) 6056 Ulmerton Road City or town, state, and ZIP code Clearwater, FL 33760	B Filer's identifying number (see instructions). ☒ Employer identification number (EIN). <div style="display: flex; justify-content: space-around;"> 59 3100430 </div> ☐ Social security number (SSN)																										
C <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="198 361 1008 384" rowspan="2">Plan name</th> <th data-bbox="1008 361 1170 384" rowspan="2">Plan number</th> <th colspan="3" data-bbox="1170 361 1523 384">Plan year ending—</th> </tr> <tr> <th data-bbox="1170 384 1305 405">MM</th> <th data-bbox="1305 384 1427 405">DD</th> <th data-bbox="1427 384 1523 405">YYYY</th> </tr> </thead> <tbody> <tr> <td data-bbox="198 405 1008 447">1 Knight Enterprises 401(K) Retirement & Profit Sharing Plan</td> <td data-bbox="1008 405 1170 447">0 0 1</td> <td data-bbox="1170 405 1305 447">12</td> <td data-bbox="1305 405 1427 447">31</td> <td data-bbox="1427 405 1523 447">09</td> </tr> <tr> <td data-bbox="198 447 1008 491">2</td> <td data-bbox="1008 447 1170 491"></td> <td data-bbox="1170 447 1305 491"></td> <td data-bbox="1305 447 1427 491"></td> <td data-bbox="1427 447 1523 491"></td> </tr> <tr> <td data-bbox="198 491 1008 535">3</td> <td data-bbox="1008 491 1170 535"></td> <td data-bbox="1170 491 1305 535"></td> <td data-bbox="1305 491 1427 535"></td> <td data-bbox="1427 491 1523 535"></td> </tr> </tbody> </table>	Plan name	Plan number	Plan year ending—			MM	DD	YYYY	1 Knight Enterprises 401(K) Retirement & Profit Sharing Plan	0 0 1	12	31	09	2					3								
Plan name			Plan number	Plan year ending—																							
	MM	DD		YYYY																							
1 Knight Enterprises 401(K) Retirement & Profit Sharing Plan	0 0 1	12	31	09																							
2																											
3																											

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 10 / 15 / 10 to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until ____/____/____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ▶ **a**

b Enter the payment amount attached		▼	b
---	--	---	---

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶

c

3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature

Date ► 7-14-10

Cat. No. 12005T

Form **5558** (Rev. 1-2008)

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 4085 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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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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 single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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; ☐ special extension (enter description) _____	☐ automatic extension; ☐ the DFVC program;

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

1a Name of plan KNIGHT ENTERPRISES 401 (K) RETIREMENT & PROFIT SHARING PLAN	1b Three-digit plan number (PN) ►	001
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) KNIGHT ENTERPRISES 6056 ULMERTON ROAD US CLEARWATER FL 33760		
1c Effective date of plan 07/01/1998		
2b Employer Identification Number (EIN) 59-3100430		
2c Sponsor's telephone number (727) 524-6235		
2d Business code (see instructions) 238900		

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		10-11-2010	DONNA P. BENTLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-11-2010	JEFFRY D. KNIGHT
	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.

 Form 5500 (2009)
 v.092307.1

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	126
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	133
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	6
d Subtotal. Add lines 6a, 6b and 6c	6d	139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	66
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer 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 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)	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) ☒ Trust	(3) ☒ 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

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

b General Schedules

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

[illegible]

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

KNIGHT ENTERPRISES 401(K) RETIREMENT & PROFIT SHARING PLAN

Employer Identification Number

59-3100430

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	LIFESTYLE CONSERVATIVE		26,968
	JOHN HANCOCK LIFE INSURANCE CO	LIFESTYLE MODERATE		63,563
	JOHN HANCOCK LIFE INSURANCE CO	LIFESTYLE BALANCED		326,256
	JOHN HANCOCK LIFE INSURANCE CO	LIFESTYLE GROWTH		259,763
	JOHN HANCOCK LIFE INSURANCE CO	LIFESTYLE AGGRESSIVE		121,928
	JOHN HANCOCK LIFE INSURANCE CO	JOHN HANCOCK STRATEGIC, INC		9,858
	JOHN HANCOCK LIFE INSURANCE CO	T. ROWE PRICE SPECTRUM, INC		80
	JOHN HANCOCK LIFE INSURANCE CO	LM PARTNERS GLB HIGH YIELD		133
	JOHN HANCOCK LIFE INSURANCE CO	PIMCO REAL RETURN		464
	JOHN HANCOCK LIFE INSURANCE CO	PIMCO GLOBAL BOND		160
	JOHN HANCOCK LIFE INSURANCE CO	PIMCO TOTAL RETURN		8,244
	JOHN HANCOCK LIFE INSURANCE CO	SHORT TERM FEDERAL		112,411
	JOHN HANCOCK LIFE INSURANCE CO	PIMCO ALL ASSET		21,291
	JOHN HANCOCK LIFE INSURANCE CO	AMERICAN BALANCED FUND		753
	JOHN HANCOCK LIFE INSURANCE CO	INVESTMENT COMPANY OF AMERICA		92
	JOHN HANCOCK LIFE INSURANCE CO	BLACKROCK GLOBAL ALLOCATION		84
	JOHN HANCOCK LIFE INSURANCE CO	WASHINGTON MUTUAL INVESTORS		2,129
	JOHN HANCOCK LIFE INSURANCE CO	MUTUAL BEACON		1,515
	JOHN HANCOCK LIFE INSURANCE CO	T. ROWE PRICE EQUITY, INC		7,132
	JOHN HANCOCK LIFE INSURANCE CO	DAVIS NEW YORK VENTURE		4,647
	JOHN HANCOCK LIFE INSURANCE CO	MUTUAL GLOBAL DISCOVERY		319
	JOHN HANCOCK LIFE INSURANCE CO	THE GROWTH FUND OF AMERICA		12,200
	JOHN HANCOCK LIFE INSURANCE CO	JENNISON GROWTH		5,886
	JOHN HANCOCK LIFE INSURANCE CO	TEMPLETON WORLD		3,015
	JOHN HANCOCK LIFE INSURANCE CO	BLACKROCK LARGE VALUE		872
	JOHN HANCOCK LIFE INSURANCE CO	MFS UTILITIES		52,309
	JOHN HANCOCK LIFE INSURANCE CO	OPPENHEIMER GLOBAL		97
	JOHN HANCOCK LIFE INSURANCE CO	JPM MIDCAP VALUE FUND		140
	JOHN HANCOCK LIFE INSURANCE CO	COLUMBIA VALUE & RESTRUCTING		15,287
	JOHN HANCOCK LIFE INSURANCE CO	EUROPACIFIC GROWTH FUND		34,221
	JOHN HANCOCK LIFE INSURANCE CO	T. ROWE PRICE HEALTH SCI		644
	JOHN HANCOCK LIFE INSURANCE CO	LEGG PARTNERS AGG GROWTH		352
	JOHN HANCOCK LIFE INSURANCE CO	AIM SMALL CAP GROWTH		10,454
	JOHN HANCOCK LIFE INSURANCE CO	AMERICAN CENTURY VISTA		982
	JOHN HANCOCK LIFE INSURANCE CO	DAVIS FINANCIAL		49
	JOHN HANCOCK LIFE INSURANCE CO	DFA US SMALL CAP FUND		774
	JOHN HANCOCK LIFE INSURANCE CO	T. ROWE PRICE SCI & TECH		102
	JOHN HANCOCK LIFE INSURANCE CO	OPPENHEIMER DEVELOPING MKT		33,073
	JOHN HANCOCK LIFE INSURANCE CO	ENERGY		37,469