

<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) ▶	002
SYNCHRONOUS AEROSPACE 401(K) PLAN		1c Effective date of plan
		02/01/2007
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)	48-1297787
SYNCHRONOUS AEROSPACE		2c Sponsor's telephone number
		949-622-0700
2331 PULLMAN ST. SANTA ANA, CA 92705		2d Business code (see instructions)
		336410

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.	10/15/2010	MARVIN LEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SYNCHRONOUS AEROSPACE 2331 PULLMAN ST. SANTA ANA, CA 92705	3b Administrator's EIN 48-1297787 3c Administrator's telephone number 949-622-0700
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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
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5 Total number of participants at the beginning of the plan year	5	640
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	483
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	118
d Subtotal. Add lines 6a , 6b , and 6c	6d	601
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	601
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	599
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7
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 2F 2G 2J 2K 3H

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

9a Plan funding arrangement (check all that apply) (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
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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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 SYNCHRONOUS AEROSPACE 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. SYNCHRONOUS AEROSPACE	D Employer Identification Number (EIN) 48-1297787	

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
TRANSAMERICA LIFE INSURANCE COMPANY

(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
39-0989781	86231	YK51355	599	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
4763	0

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
LOCKTON FINANCIAL ADVISORS, LLC 444 W. 47TH ST. STE. 900 KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4763			3

(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	

(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** 2898451**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**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 of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ TRANSAMERICA STABLE VALUE**b** Balance at the end of the previous year **7b** 3332234**c** Additions: (1) Contributions deposited during the year **7c(1)** 129110(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 95525(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 657383

▶ TRANSFERS IN/LOAN PAYMENTS

(6) Total additions **7c(6)** 882018**d** Total of balance and additions (add **b** and **c(6)**). **7d** 4214252**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 268837(2) Administration charge made by carrier **7e(2)** 3000(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 1043964

▶ TRANSFERS OUT/LOANS ISSUED

(5) Total deductions **7e(5)** 1315801**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 2898451

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SYNCHRONOUS AEROSPACE 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SYNCHRONOUS AEROSPACE	D Employer Identification Number (EIN) 48-1297787	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIVERSIFIED INVESTMENT ADVISORS
13-3689044

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

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

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	23012	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NATIONAL FINANCIAL SERVICES

04-3523567

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

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

LOCKTON FINANCIAL ADVISORS, LLC

444 W. 47TH ST. STE. 900
KANSAS CITY, MO 64112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	22880	Yes ☐ No ☒

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

ACTUARIAL CONSULTANTS, INC.

ATTN ACCOUNTING DEPT
2377 CRENSHAW BLVD SUITE 350
TORRANCE, CA 90501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	2257	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANCE BERNSTEIN 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STRONG 100 HERITAGE RESERVE MENOMONEE FALLS, WI 53051	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES ONE FINANCIAL CENTER BOSTON, MA 02111	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRANSAMERICA P.O. BOX 9012 CLEARWATER, FL 33758	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEW YORK, NY 10281	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY 100 CROSBY PARKWAY COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANCE BERNSTEIN 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRST AMERICAN PO BOX 882511 SAN DIEGO, CA 92168	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STRONG 100 HERITAGE RESERVE MENOMONEE FALLS, WI 53051	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES ONE FINANCIAL CENTER BOSTON, MA 02111	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY 100 CROSBY PARKWAY COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRANSAMERICA P.O. BOX 9012 CLEARWATER, FL 33758	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEW YORK, NY 10281	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRST AMERICAN PO BOX 882511 SAN DIEGO, CA 92168	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOCKTON FINANCIAL ADVISORS, LLC	16	22880
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIVERSIFIED INVESTMENT ADVISORS 13-3689044	COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SYNCHRONOUS AEROSPACE 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SYNCHRONOUS AEROSPACE	D Employer Identification Number (EIN) 48-1297787	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		597
(2) Participant contributions	1b(2)	1591	6050
(3) Other.....	1b(3)	5749	1986596
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12453	30671
(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)	525719	687464
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8489768	11293521
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3332234	2898451
(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	12367514	16903350

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	14352	20636
k Total liabilities (add all amounts in lines 1g through 1j)	1k	14352	20636

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12353162	16882714
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	121405	
(B) Participants	2a(1)(B)	750469	
(C) Others (including rollovers)	2a(1)(C)	29394	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		901268

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13	
(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)	37708	
(F) Other	2b(1)(F)	95525	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		133246

(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)	163449	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		163449

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2593189
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3791152

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1192706	
(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)		1192706
f Corrective distributions (see instructions)	2f		17012
g Certain deemed distributions of participant loans (see instructions).....	2g		13209
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2257	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	23012	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25269
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1248196

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2542956
l Transfers of assets:			
(1) To this plan.....	2l(1)		1986596
(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: FARBER HASS HURLEY LLP

(2) EIN: 20-4207759

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.).....	☒		529166
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.).....		☒	
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?.....	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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)

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>SYNCHRONOUS AEROSPACE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNCHRONOUS AEROSPACE</u>	D Employer Identification Number (EIN) <u>48-1297787</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>13-3689044</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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS

SYNCHRONOUS AEROSPACE 401(k) PLAN

DECEMBER 31, 2009 AND 2008

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Synchronous Aerospace 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Synchronous Aerospace 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets (Held at End of Year), and (2) Schedule H, line 4a-Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Transamerica Life Insurance Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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



Valencia, California
October 11, 2010

SYNCHRONOUS AEROSPACE 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS:		
Investments - at fair value	\$ 14,910,107	\$ 12,360,174
Receivables:		
Participant deferrals	6,050	5,749
Employer match	597	1,591
Due from Helicomb International, Inc.		
Employees' 401(K) Savings Plan	<u>1,986,596</u>	<u>-</u>
Total receivables	<u>1,993,243</u>	<u>7,340</u>
Total assets	16,903,350	12,367,514
LIABILITIES:		
Refundable excess contributions	<u>20,636</u>	<u>14,352</u>
Net assets available for benefits	<u>\$ 16,882,714</u>	<u>\$ 12,353,162</u>

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

SYNCHRONOUS AEROSPACE 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

Additions to net assets attributed to:

Investment income:	
Net appreciation in fair value of investments	\$ 2,593,189
Interest and dividend income	296,695
	<u>2,889,884</u>
Contributions:	
Participant deferrals	750,469
Employer match	121,405
Participant rollovers	29,394
Total contributions	<u>901,268</u>
Transfer in from other plan	<u>1,986,596</u>
Total additions	5,777,748

Deductions from net assets attributed to:

Benefits paid to participants	1,222,927
Administrative expenses	<u>25,269</u>
Total deductions	<u>1,248,196</u>
Net increase	4,529,552

Net assets available for benefits:

Beginning of period	<u>12,353,162</u>
End of period	<u><u>\$ 16,882,714</u></u>

The accompanying notes are an integral part of this financial statement.

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Synchronous Aerospace 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan was established effective February 1, 2007, for the benefit of substantially all full-time employees of the Synchronous Aerospace Group and its wholly owned subsidiaries: Fortner Aerospace Manufacturing, Inc. ("Fortner"), Stratoflight, Brittain Machine, Inc. ("Brittain"), Compass Northwest, and Western Methods ("Western"), (collectively the "Employer"). The Plan is a contributory plan under Section 401(a) and 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In December 2008, the Synchronous Aerospace Group acquired Helicomb International, Inc. as a wholly owned subsidiary. Effective December 31, 2009 the plan was amended to allow the merger of the Helicomb International, Inc. Employees' 401(K) Savings Plan. See Note H for discussion on subsequent merger of the Helicomb International, Inc. Employees' 401(K) Savings Plan's assets into the Plan.

2. Plan Amendment

Effective October 1, 2009, the Plan was amended and restated for changes in laws and plan design.

3. Eligibility

Prior to October 1, 2009, an employee was eligible to make elective contributions to the Plan on the first day of the month following the completion of six months of service and attainment of age 18 (for Compass Northwest, Western and Brittain employees the service requirements were three months and attainment of age 21). Effective October 1, 2009, as a result of the Plan's restatement, employees are eligible to make elective contributions to the Plan on the first day of each quarter following the completion of 90 days of service and attainment of age 21.

Prior to October 1, 2009, employees were eligible for Employer contributions on January 1, April 1, July 1, and October 1 upon completion of six months of continuous service and attainment of age 18 (for Compass Northwest, Western and Brittain employees were eligible for the Employer contributions upon completion of twelve months of continuous service, 1,000 hours and attainment of age 21). Effective October 1, 2009, as a result of the Plan's restatement, an employee is eligible for Employer contributions on January 1, April 1, July 1, and October 1 upon completion of 90 days of service and attainment of age 21.

Leased employees, employees covered by collective bargaining agreements, and non-resident aliens, as defined in the Plan, are not eligible to participate in the Plan.

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE A - DESCRIPTION OF THE PLAN (Continued)

4. Contributions

Participants may elect to contribute, on a tax-deferred basis, up to 100% of their compensation up to the maximum annual deferral limit per Section 402(g)(1) of the Internal Revenue Code of \$16,500 for the year ended December 31, 2009. In addition, the Employer may make discretionary matching contributions. For the year ended December 31, 2009, the Employer made matching contributions equal to 50% of the participants deferred compensation not to exceed 2% of compensation for all divisions. Employer matching contributions for the year ended December 31, 2009 were \$121,405. The Employer may elect to make discretionary contributions, qualified non-elective contributions, and qualified matching contributions to the Plan. No other Employer contributions were made during the year ended December 31, 2009.

5. Investment Options

Upon enrollment in the Plan, a participant may direct employee and Employer contributions as desired, in any of a variety of investment options held by Transamerica Life Insurance Company ("Transamerica"), as chosen by the Employer. Participants may change their investment options daily.

6. Participant Accounts

Each participant's account is credited with the participant's contributions, Employer contributions, as well as allocation of Plan earnings. Allocations of Employer qualified non-elective contributions are based on the same ratio each participant's compensation bears to the compensation for all participants. Allocations of Plan earnings are made according to the ratio that a participant's account in the fund bears to the total of all participant account balances in the fund. Participants may be charged with an allocation of administrative expenses if the Employer does not elect to reimburse the Plan for such expenses.

7. Vesting

Participant contributions, rollovers, qualified employer matching contributions, qualified non-elective contributions, and actual earnings thereon are fully vested at all times. Vesting in the Employer matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service, including years of continuous service at certain predecessor employers, as defined in the Plan agreement as follows:

<u>Years of Service</u>	<u>Percentage</u>
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE A - DESCRIPTION OF THE PLAN (Continued)

8. Benefit Payments

A participant may receive an in-service distribution upon attainment of age 59 ½ or upon meeting certain hardship requirements. Upon termination of service, a participant may receive a lump-sum amount equal to the vested value of his or her account (as amended). Prior to October 1, 2009, a participant could elect to receive a lump sum amount or installment payments equal to the vested value of his or her account upon termination. In the event of death, disability or retirement, a participant or a participant's beneficiary is entitled to the total value of the participant's account.

9. Forfeitures

Forfeitures of terminated participants' non-vested accounts shall be used first to pay reasonable Plan expenses and then applied against future Employer contributions. Outstanding forfeitures available as of December 31, 2009 totaled \$30,671 and are included in net assets available for benefits.

10. Participant Loans

Participants may borrow up to 50% of their vested balance (not to exceed \$50,000 less any outstanding loan balance). Loans must be paid back within five years of the date of issuance and shall bear interest equal to the Prime rate plus 1% per annum. Loans for the purchase of a principal residence may be paid back over a reasonable period of time that may exceed five years, as determined at the time of the loan. Prior to October 1, 2009, participants could have only one loan outstanding at any given time. Effective October 1, 2009, a participant is allowed to have no more than two outstanding loans at any given time.

11. Plan Termination

While the Employer has not expressed any intent to terminate the Plan, the Employer reserves the right to terminate the Plan at any time. Upon termination, all interests of participants become fully vested, and the assets are distributed among the participants of the Plan in accordance with the provisions of the Plan.

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value (see Note B. 6). The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

2. Plan Administration

The Employer is the plan sponsor and plan administrator. The plan administrator is responsible for carrying out the duties imposed under ERISA.

3. Estimates

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

4. Payment of Benefits

Benefits are recorded when paid.

5. Administrative Expenses

Administrative expenses incurred by the custodian in performance of its duties are paid from the assets of the Plan. Substantially all other out-of-pocket administrative expenses of the Plan are paid by the Employer.

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

6. Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

The Transamerica Stable Value Fund is a group annuity contract and meets the five conditions to be considered fully benefit-responsive. The contract value of the Transamerica stable value funds are considered fair value, and consequently, no adjustment for contract value to fair value is required (see Note B. 1).

Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation/(depreciation) includes the plan's gain and losses on investments bought and sold as well as held during the year.

7. Subsequent Events

Plan management has evaluated subsequent events through October 11, 2010, the date the financial statements were available to be issued.

NOTE C - INVESTMENTS AND CERTIFICATION BY CUSTODIAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by Transamerica, the custodian, as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedules.

Total investments held and certified by Transamerica in the accompanying statements of net assets available for benefits was \$14,910,107 and \$12,360,174 as of December 31, 2009 and 2008, respectively. The net investment income certified by Transamerica in the accompanying statement of changes in net assets available for benefits was \$2,889,884 for the year ended December 31, 2009.

For the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the period) appreciated in value by \$2,593,189. These investments consist of mutual funds offered by the custodian.

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE C - INVESTMENTS AND CERTIFICATION BY CUSTODIAN (Continued)

Investments that represent 5% or more of total net assets as of December 31, 2009 and 2008 are as follows:

Investments at Fair Value:	2009	2008
Transamerica Premier Div Equity	\$ 3,003,141	\$ 2,541,877
Transamerica Stable Value	\$ 2,898,451	\$ 3,332,234
Vanguard Target Retirement 2025	\$ 949,455	\$ 813,533
Wells Fargo Advantage Small Cap Value	\$ 967,393	\$ 667,163
Loomis Investment Group Bond	\$ 771,820	\$ 626,890

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures* (SFAS 157, *Fair Value Measurements*) establishes a consistent framework for measuring fair value and expands disclosure requirements about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 (SFAS 157) are described as follows:

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

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

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

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

Interest bearing cash: Valued at cost plus interest.

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

Stable value fund: Contract values are determined daily based on the fair value for all separate accounts under group annuity contracts and all mutual funds under NAV custodian agreements. Contract value for the stable value fund (including those group annuity contracts issued in connection with NAV product) is the amount payable to plan participants upon demand. Per the terms of the contract, there is no maturity date and the interest credit rate is reset monthly by Transamerica. The minimum, average, and closing interest rates for the Stable Value Fund for 2009 were 2.75%, 3.16%, and 2.75%, respectively.

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008:

<i>Assets at Fair Value as of December 31, 2009</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds:				
Large cap funds	\$ 3,472,762	\$ -	\$ -	\$ 3,472,762
Mid cap funds	221,634	-	-	221,634
Growth funds	1,385,967	-	-	1,385,967
Balanced funds	-	769,032	-	769,032
Blend funds	116,100	-	-	116,100
Value funds	967,393	-	-	967,393
Target retirement funds	2,413,760	-	-	2,413,760
International funds	905,035	-	-	905,035
Specialty funds	123,882	-	-	123,882
Bond funds	917,956	-	-	917,956
Total mutual funds	10,524,489	769,032	-	11,293,521
Stable value fund	-	2,898,451	-	2,898,451
Participant loans	-	-	687,464	687,464
Interest bearing cash	30,671	-	-	30,671
Total assets at fair value	<u>\$ 10,555,160</u>	<u>\$ 3,667,483</u>	<u>\$ 687,464</u>	<u>\$ 14,910,107</u>

<i>Assets at Fair Value as of December 31, 2008</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Interest bearing cash	\$ 12,453	\$ -	\$ -	\$ 12,453
Mutual funds	8,489,768	-	-	8,489,768
Stable value fund	-	3,332,234	-	3,332,234
Participant loans	-	-	525,719	525,719
Total assets at fair value	<u>\$ 8,502,221</u>	<u>\$ 3,332,234</u>	<u>\$ 525,719</u>	<u>\$ 12,360,174</u>

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

Level 3 Assets for Year Ended December 31, 2009

Balance, beginning of year	\$ 525,719
Purchases, sales, issuances and settlements (net)	<u>161,745</u>
Balance, end of year	<u><u>\$ 687,464</u></u>

NOTE E - PARTY IN INTEREST TRANSACTIONS

Transamerica is a party in interest with respect to the Plan. All investments at December 31, 2009 were held with Transamerica. Loans receivable from participants of the Plan and the related interest income are also considered party in interest transactions.

During the years ended December 31, 2009, 2008 and 2007, the Employer failed to remit to the Plan on a timely basis employee contributions and participant loan repayments totaling \$529,166 in accordance with Department of Labor Regulations. As a result, lost earnings for 2008 and 2007 were reimbursed to participants, and the Employer will reimburse participants for the 2009 lost earnings in October, 2010.

NOTE F - TAX STATUS

The Employer adopted a volume submitter plan that received a favorable opinion letter from the Internal Revenue Service ("IRS") on March 31, 2008, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC; and therefore, the Plan was qualified and the related trust was tax-exempt as of the financial statement date. Administration errors, if any, which are insignificant or operational in nature, are handled by the plan administrator in accordance with applicable IRS correction policies.

NOTE G - RISKS AND UNCERTAINTIES

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

SYNCHRONOUS AEROSPACE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE H - SUBSEQUENT EVENTS

Effective December 31, 2009, the Plan was amended to allow the merger of the Helicomb International, Inc. Employees' 401K Savings Plan with the Synchronous Aerospace 401K Plan. As a result, all assets of the Helicomb International, Inc. Employees' 401K Savings Plan were transferred to the Plan in 2010. The net assets available for plan benefits in the accompanying financial statements include \$1,986,596, which represents the amount due from the Helicomb International, Inc. Employees' 401K Savings Plan as of December 31, 2009.

In May 2010, the Plan was selected for review by the Department of Labor. Management is not aware of any matters that would affect the Plan's financial statements, footnotes, or supplemental schedules. As of the report date, the final outcome of the review is unknown. The accompanying financial statements do not include any adjustments that might result from this uncertainty. Any findings will be appropriately addressed in accordance with applicable IRS correction policies by plan management.

SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT
TO DOL REGULATIONS UNDER ERISA
YEAR ENDED DECEMBER 31, 2009

SYNCHRONOUS AEROSPACE 401(K) PLAN

EIN: 48-1297787 Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Transamerica Life Insurance Company	Alliance Bernstein International Value Fund	**	\$ 784,072
*	Transamerica Life Insurance Company	American Funds Europacific Fund	**	120,963
*	Transamerica Life Insurance Company	Fidelity Investments Leveraged Company Stock Fund	**	127,021
*	Transamerica Life Insurance Company	First American Real Estate Fund	**	123,882
*	Transamerica Life Insurance Company	First American Small Cap Select Fund	**	274,904
*	Transamerica Life Insurance Company	Loomis Sayles Investment Grade Bond Fund	**	771,820
*	Transamerica Life Insurance Company	Oppenheimer International Bond Fund	**	40,786
*	Transamerica Life Insurance Company	Pioneer Cullen Value Fund	**	319,497
*	Transamerica Life Insurance Company	Transamerica Balanced Fund	**	769,032
*	Transamerica Life Insurance Company	Transamerica Diversified Equity Fund	**	3,003,141
*	Transamerica Life Insurance Company	Transamerica Growth Opportunities Fund	**	635,042
*	Transamerica Life Insurance Company	Transamerica Stable Value	**	2,898,451
*	Transamerica Life Insurance Company	Transamerica WMC Diversified Growth Fund	**	476,021
*	Transamerica Partners Funds Group	High Yield Bond Fund	**	105,350
*	Transamerica Partners Funds Group	Mid Value Fund	**	94,613
*	Transamerica Life Insurance Company	Vanguard Small Cap Index Fund	**	116,100
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2005 Fund	**	42,823
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2010 Fund	**	26,402
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2015 Fund	**	347,590
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2020 Fund	**	436,407
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2025 Fund	**	949,455
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2030 Fund	**	216,818
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2035 Fund	**	230,456
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2040 Fund	**	64,450
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2045 Fund	**	61,186
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2050 Fund	**	38,173
*	Transamerica Life Insurance Company	Vanguard Total Stock Fund	**	150,124
*	Transamerica Life Insurance Company	Wells Fargo Advantage Small Cap Value Fund	**	967,393
*	State Street Bank & Trust Company	Cash Reserve Account	**	30,671
*	Participant Loans	4.25% - 9.67%	-0-	687,464
Total Investments				<u>\$ 14,910,107</u>

* A party-in-interest as defined by ERISA.

** Cost omitted for participant directed investments.

SYNCHRONOUS AEROSPACE 401(K) PLAN

EIN: 48-1297787 Plan Number: 002

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

For the year ended December 31, 2009

		<u>Total that Constitute Nonexempt Prohibited Transactions***</u>			
Participant Contributions and Loan Repayments Transferred Late to Plan		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Fully Corrected Under VFCP* and PTE** 2002-51
(1)	\$ 416,389	\$ -	\$ 2,344	\$ -	\$ -
(2)	27,667	-	57	-	-
(3)	85,110	52	-	-	-
	<u>\$ 529,166</u>	<u>\$ 52</u>	<u>\$ 2,401</u>	<u>\$ -</u>	<u>\$ -</u>

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

*** Nonexempt Prohibited Transactions represent lost earnings relating to delinquent contributions

(1) Contributions transferred late during the 2007 Plan year.

(2) Contributions transferred late during the 2008 Plan year.

(3) Contributions transferred late during the 2009 Plan year.

Schedule C, Line 2(h) Formula Descriptions

Synchronous Aerospace 401(k) Plan

EIN No.: 48-1297787, Plan No. 002

Plan Year Ending: 12/31/2009

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

Diversified Investment Advisors (13-3689044)

National Financial Services (04-3523567)

Mid Atlantic Capital Corporation (25-1409618)

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Diversified Investment Advisors	Revenue to National Financial Services	Revenue to Mid Atlantic Capital Corporation
ALLIANCE BERNSTEIN	ALLIANCEBERNSTEIN INT'L VAL, A	1/1/2009	12/31/2009	48.35	1.65	
AMERICAN FUNDS	AMERICAN FUNDS EUROPACIFIC R3	1/1/2009	12/31/2009	62.855	2.145	
FIDELITY	FIDELITY ADV LVERAG CO STCK, T	1/1/2009	12/31/2009	62.855	2.145	
FIRST AMERICAN	FIRST AMERICAN REAL EST SEC, R	1/1/2009	12/31/2009	72.525	2.475	
FIRST AMERICAN	FIRST AMERICAN SM CP SELECT, R	1/1/2009	12/31/2009	72.525	2.475	
LOOMIS SAYLES	LOOMIS SAY INVEST GRADE BND, A	1/1/2009	12/31/2009	38.68	1.32	
OPPENHEIMER	OPPENHEIMER INT'L BOND, N****	1/1/2009	12/31/2009	48.35	1.65	
PIONEER	PIONEER CULLEN VALUE, A	1/1/2009	12/31/2009	58.02	1.98	
STRONG	WELLS FARGO ADVANTAGE SM CP VL	1/1/2009	12/31/2009	53.185	1.815	
TRANSAMERICA	TRANSAMERICA BALANCED***	1/1/2009	12/31/2009	55.119	1.881	
TRANSAMERICA	TRANSAMERICA GROWTH OPPS***	1/1/2009	12/31/2009	35.779	1.221	
TRANSAMERICA	TRANSAMERICA EQUITY***	1/1/2009	12/31/2009	55.119	1.881	
TRANSAMERICA	TRANSAMERICA DIVRSFD EQUITY***	1/1/2009	12/31/2009	55.119	1.881	

*** In addition to the annualized basis points shown, \$18 per participant (with activity in this fund during the year) is shared pro-rata among service providers

**** Revenue Sharing will not exceed \$12 per participant (with activity in this fund during the year)

Schedule C, Line 2(h) Formula Descriptions

Synchronous Aerospace 401(k) Plan

EIN No.: 48-1297787, Plan No. 002

Plan Year Ending: 12/31/2009

Diversified Investment Advisors (13-3689044) also receives revenue sharing in the form of dealer concessions (Finder's Fees) on the following funds:

Fund Family	Fund Name	Formula for Calculating the Dealer Concessions
FIDELITY	FIDELITY ADV LVERAG CO STCK, T	.25% of net assets deposited into this fund.
STRONG	WELLS FARGO ADVANTAGE SM CP VL	Up to 1% of net assets deposited into this fund.

Synchronous Aerospace 401(k) Plan
EIN No.: 48-1297787, Plan No. 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Year Ending: 12/31/2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
*	State Street Bank & Trust Co.	Cash Reserve Account	\$ 30,671
*	Transamerica Life Insurance Co.	Insurance Company/General Account	\$ 2,898,451
*	Participants	Notes Receivable with interest rates of 4.25% to 9.67%	\$ 687,464
*	Transamerica Life Insurance Co.	Alliance Bernstein International Value Fund	\$ 784,072
*	Transamerica Life Insurance Co.	American Funds Europacific Fund	120,963
*	Transamerica Life Insurance Co.	Fidelity Investments Leveraged Company Stock Fund	127,021
*	Transamerica Life Insurance Co.	First American Real Estate Fund	123,882
*	Transamerica Life Insurance Co.	First American Small Cap Select Fund	274,904
*	Transamerica Life Insurance Co.	Loomis Sayles Investment Grade Bond Fund	771,820
*	Transamerica Life Insurance Co.	Oppenheimer International Bond Fund	40,786
*	Transamerica Life Insurance Co.	Pioneer Cullen Value Fund	319,497
*	Transamerica Life Insurance Co.	Transamerica Balanced Fund	769,032
*	Transamerica Life Insurance Co.	Transamerica Diversified Equity Fund	3,003,141
*	Transamerica Life Insurance Co.	Transamerica Growth Opportunities Fund	635,042
*	Transamerica Life Insurance Co.	Transamerica WMC Diversified Growth Fund	476,021
	Transamerica Partners Funds Group	High Yield Bond Fund	105,350
	Transamerica Partners Funds Group	Mid Value Fund	94,613
*	Transamerica Life Insurance Co.	Vanguard Small Cap Index Fund	116,100
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2005 Fund	42,823
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2010 Fund	26,402
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2015 Fund	347,590
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2020 Fund	436,407
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2025 Fund	949,455
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2030 Fund	216,818
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2035 Fund	230,456
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2040 Fund	64,450
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2045 Fund	61,186
*	Transamerica Life Insurance Co.	Vanguard Target Retirement 2050 Fund	38,173
*	Transamerica Life Insurance Co.	Vanguard Total Stock Fund	150,124
*	Transamerica Life Insurance Co.	Wells Fargo Advantage Small Cap Value Fund	967,393
		Mutual Fund Total	\$ 11,293,521
		Total Plan Assets	\$ 14,910,107

*indicates party-in-interest

SYNCHRONOUS AEROSPACE 401(K) PLAN

EIN: 48-1297787 Plan Number: 002

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

For the year ended December 31, 2009

		<u>Total that Constitute Nonexempt Prohibited Transactions***</u>			
Participant Contributions and Loan Repayments Transferred Late to Plan		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Fully Corrected Under VFCP* and PTE** 2002-51
(1)	\$ 416,389	\$ -	\$ 2,344	\$ -	\$ -
(2)	27,667	-	57	-	-
(3)	85,110	52	-	-	-
	<u>\$ 529,166</u>	<u>\$ 52</u>	<u>\$ 2,401</u>	<u>\$ -</u>	<u>\$ -</u>

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

*** Nonexempt Prohibited Transactions represent lost earnings relating to delinquent contributions

(1) Contributions transferred late during the 2007 Plan year.

(2) Contributions transferred late during the 2008 Plan year.

(3) Contributions transferred late during the 2009 Plan year.