Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
METTEL 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

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

55 WATER ST 31ST FLOOR
NEW YORK, NY 10041

2b Employer Identification Number (EIN)
51-0374236

2c Sponsor's telephone number
212-607-2073

2d Business code (see instructions)
517000

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	ANDONI ECONOMOU
	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")
MANHATTAN TELECOMMUNICATIONS CORP

55 WATER ST 31ST FLOOR
NEW YORK, NY 10041

3b Administrator's EIN
51-0374236

3c Administrator's telephone number
212-607-2073

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	182
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**	148
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	54
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	202
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	202
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	130
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
METTEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-0374236

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

1 Coverage Information:

(a) Name of insurance carrier
METLIFE INSURANCE COMPANY OF CONNECTICUT

(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
06-0566090	87726	931019	130	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
5825	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
MORGAN STANLEY SMITH BARNEY LLC
2000 WESTCHESTER AVENUE
PURCHASE, NY 10577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5825			4

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	3658266

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 ▶

b	Balance at the end of the previous year			7b	2299
c	Additions: (1) Contributions deposited during the year	7c(1)	169		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	81		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	250
d	Total of balance and additions (add **b** and **c(6)**)			7d	2549
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	3
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	2546

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
METTEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MANHATTAN TELECOMMUNICATIONS CORP

D Employer Identification Number (EIN)
51-0374236

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(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)

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	4835	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a	Name: FRIEDMAN LLP	**b** EIN:	13-1610809
c	Position: AUDITOR		
d	Address: 100 EAGLE ROCK AVE. SUITE 200 EAST HANOVER, NJ 07936	**e** Telephone:	973-929-3520

Explanation: CONSOLIDATION OF OUTSIDE AUDITORS SCOPE OF WORK

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
METTEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MANHATTAN TELECOMMUNICATIONS CORP

D Employer Identification Number (EIN)
51-0374236

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	70044	71790
(2) Participant contributions	1b(2)	38941	56787
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	194027	125624
(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)	2411670	3657482
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2299	2546
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2716981	3914229
	Liabilities			
g	Benefit claims payable	1g		36092
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	36092
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2716981	3878137

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	71790	
	(B) Participants	2a(1)(B)	550797	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		622587
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	14036	
	(F) Other	2b(1)(F)	80	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14116
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		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)		750190
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1386893
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	172480	
(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)		172480
f Corrective distributions (see instructions)	2f		36092
g Certain deemed distributions of participant loans (see instructions)	2g		12330
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4835	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4835
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		225737
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1161156
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FRIEDMAN LLP (2) EIN: 13-1610809

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		547024
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		272000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
METTEL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MANHATTAN TELECOMMUNICATIONS CORP

D Employer Identification Number (EIN)
51-0374236

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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): 04-3581074

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FRIEDMAN LLP
ACCOUNTANTS AND ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
MetTel 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the MetTel 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 supplementary schedules as of and for the year ended December 31, 2009. These financial statements and supplementary 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 9, which was certified by MetLife Insurance Company of Connecticut, the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and the supplementary schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee that the information as of and for the year ended December 31, 2009, provided to the Plan administrator by the trustee is complete and accurate.

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

Friedman LLP

October 2, 2010

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5500 PLAN 001 PLAN YEAR 20090101 20091231

MANHATTAN TELECOMMUNICATIONS CORP. PLAN #:001 51-0374236

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
American Fnds Glbl Grth-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	102,176.66	104,295.65
American Fnds Grth-CL 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	98,189.60	94,494.98
American Fnds Grth-Inc 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	25,070.38	21,867.42
Barclays Cap Aggrgate Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	48,459.42	50,317.38
BlackRock High Yield	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	45,240.00	52,872.67
BlackRock Large Cap Core	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,279.21	11,106.64
BlackRock Legacy Lcap	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	38,478.46	49,336.96
Blackrock Agg Gr Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	59,212.93	64,203.50
Blackrock Bnd Inc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	50,130.84	52,666.21
Clarion Gl Real Estate	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	42,202.52	37,385.54
Davis Venture Value Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	7,734.01	7,232.13
Fi Value Leaders Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,433.77	12,408.77
Fidelity VIP Contrafund-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	59,384.67	59,211.75
Fidelity VIP Mid Cap 2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	104,511.90	113,150.55
Fixed Account	VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT	2,361.10	2,545.72
Franklin Sml-Mid Cap Gr-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,704.68	12,872.19
Harris Oakmark Intl Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	126,125.17	155,745.84
Janus Asp Enterprise Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	71,180.10	79,212.26
Janus Forty	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	280,498.16	324,461.59
Jennison Growth Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,285.90	7,176.22
LM Cbridge LgCap V	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	25,392.78	25,154.50
LM Cbridge SmCap V	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	29,595.79	30,552.83
LM Western Corp Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	61,649.37	67,608.15
Lazard Mid Cap Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	54,353.44	51,135.48
Legg CBridge Var FundVal	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	17,743.07	16,607.98
Legg CBridge Var SmCp Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	51,274.27	49,352.73
Legg CBridge Var Eq Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	6,765.52	6,859.08
Legg CBridge Var LCap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	16,877.45	18,367.42
Legg CBridge Var Aggr Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	53,634.22	46,814.60
Legg ClBridge VarApp Prt	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	60,163.95	57,360.28
Legg Inv Cnsl VarSoc Awr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	8,262.40	9,836.49
Legg Wstrn Glb Hi Yld Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	58,453.54	65,879.37
Legg Wstrn Var AdjRateInc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	15,196.32	15,404.95
Legg Wstrn Var DivStrat	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	15,420.52	17,097.37
Legg WstrnAst Var MM Prt	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	450,956.53	466,709.59
Loan Fund	LOANS TO PARTICIPANTS: OTHER	125,624.46	125,624.46
Lord Abbett Bnd Deb Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	1,861.18	2,183.25
Lord Abbett Grwth And Inc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	19,994.34	17,239.68
Lord Abbett Mid Cap Val	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	70,494.33	57,211.18
MFS Total Return Port.	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	11,381.28	12,435.90
MFS Value Portfolio	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,750.02	9,353.42
MetLife Agg Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	33,409.23	34,462.45
MetLife Conv Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,480.00	4,483.64
MetLife Conv-Mod Alloc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	3,883.21	4,606.30
MetLife Mod Alloc Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	26,366.90	29,472.61
MetLife Mod-Agg Alloc	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,829.11	14,372.27
MetLife Stock Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	138,518.21	163,643.77
Morgan Stanley EAFE Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	31,486.00	25,732.62
PIMCO Total Ret Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	252,267.77	275,609.41
Pioneer Fund Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	4,010.41	4,315.89

Pioneer Strategic Income	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	71,484.65	84,016.60
Russell 2000 Index	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	26,584.38	24,397.60
T Rowe Price Small Cap Gr	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	122,241.57	120,152.85
T. Rowe Pr Lrg Cp Grow B	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	34,023.18	32,329.50
Templeton Dev Mkts Sec-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	80,409.65	94,789.79
Templeton Foreign Secur-2	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	78,018.02	82,873.66
Templeton Growth Fund	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	93,284.43	91,598.49
Third Ave Small Cap Value	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	134,793.63	121,185.92
VanKmp Comstock Port	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,503.21	15,822.05
Western Asset Mgmt US Gov	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	75,904.02	80,338.49

METTEL 401(k) PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2009 AND 2008

AND

INDEPENDENT AUDITORS' REPORT

METTEL 401(k) PLAN

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FRIEDMAN LLP
ACCOUNTANTS AND ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
MetTel 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the MetTel 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 supplementary schedules as of and for the year ended December 31, 2009. These financial statements and supplementary 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 9, which was certified by MetLife Insurance Company of Connecticut, the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and the supplementary schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee that the information as of and for the year ended December 31, 2009, provided to the Plan administrator by the trustee is complete and accurate.

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

Friedman LLP

October 2, 2010

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METTEL 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
ASSETS		
Investments at fair value		
Mutual funds	$ 3,657,482	$ 2,411,668
Insurance company general accounts	2,546	2,301
Participant loans	125,624	194,027
	3,785,652	2,607,996
Receivables		
Employer contributions receivable	71,790	70,044
Employee contributions receivable	56,787	38,941
	128,577	108,985
LIABILITIES		
Excess contributions payable	36,092	-
Net assets available for benefits	$ 3,878,137	$ 2,716,981

See notes to financial statements.

METTEL 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Investment income		
Interest and dividends	$	14,116
Net appreciation in fair value of investments		750,190
		764,306
Contributions		
Employer		71,790
Participants, including rollovers		550,797
		622,587
		1,386,893
DEDUCTIONS		
Benefits paid to participants		172,480
Deemed distributions of loans to participants		12,330
Corrective distributions		36,092
Administrative expenses		4,835
		225,737
Net increase		1,161,156
Net assets available for benefits		
Beginning of year		2,716,981
End of year	$	3,878,137

See notes to financial statements.

METTEL 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1 - DESCRIPTION OF PLAN

The following brief description of the MetTel 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

General

The Plan is a defined contribution plan covering eligible employees of Manhattan Telecommunications Corp., and its subsidiaries and affiliates (collectively the "Company" or the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). ING Institutional Plan Services LLC ("ING") is the Plan's record keeper. MetLife Insurance Company of Connecticut ("MetLife") serves as the trustee of the Plan.

Contributions

Each year, participants may contribute a portion of their pre-tax compensation, as defined in the Plan, subject to certain Internal Revenue Code (the "Code") limitations. The Plan is available to all employees of the Company who have attained the age of 21, completed six months of consecutive service, and are not union employees or non-resident aliens. An employee meeting eligibility requirements may elect participation in the Plan as of the 1st day of the quarter following eligibility.

The Company contributes to the Plan a matching contribution equal to 20% of each participants' elective deferral for the first 5% of compensation contributed (or a maximum of 1% of compensation is matched), as defined. To qualify for an employer matching contribution, a participant must complete 500 hours of service during the Plan year and be employed on the last day of the Plan year unless they had died, had a total and permanent disability, or were retired.

The Plan also permits eligible employees who are age fifty or older by the end of the calendar year to make catch-up contributions. Matching contributions do not apply to catch-up contributions.

Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contribution, the Employer's matching contribution, if applicable, and plan earnings. Each participant's account is charged with withdrawals and plan losses and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1 - DESCRIPTION OF PLAN (Continued)

Investments
Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an insurance investment contract as investment options for participants.

The Pension Protection Act created the Qualified Default Investment Alternative ("QDIA"). The QDIA provides employers a safe harbor from fiduciary risk when selecting an investment for a participant or beneficiary who fails to elect his or her own investment. During 2009, the Plan designated the Legg Mason Variable Money Market fund as the QDIA.

The Met-Life Insurance contract is a Guaranteed Interest Fund, reported as a guaranteed interest contract (unallocated contract).

Participant Loans
Each participant may borrow from their employee elective deferral accounts up to a maximum of $50,000 or 50 percent of their account balance, whichever is less. All loans have a minimum of $500. A participant cannot have more than two loans outstanding at any one time. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with prevailing rates as determined quarterly by the Plan administrator. The interest rate on loans outstanding at December 31, 2009, ranged from 5.25% to 10.25%. Loan terms range from 1-5 years or up to a reasonable amount of time for the purchase of a primary residence. Principal and interest is paid ratably through payroll deductions.

Vesting
Participants are immediately vested in their contributions (including rollover contributions) plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. Participants vest as to employer contributions, as indicated in the following table:

Years of Service	Percentage Vested
1	0%
2	50%
3	100%

Forfeited Accounts
Employer contributions were reduced by $888 from forfeited nonvested accounts in 2009. There were no balances in forfeited nonvested accounts at December 31, 2009 and 2008.

2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates
Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Income Recognition
Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Administrative Expenses and Management Fee
Certain costs and expenses of administering the Plan, such as trustee fees, are paid by the Plan.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected in net depreciation in fair market value of such investments.

Payment of Benefits
On termination of service due to death, disability, retirement or other reasons, a participant may receive his or her vested value in a lump-sum payment. Valuation of accounts is made as of the last day of the month in which the participant's employment is terminated. Benefit claims are recorded as expenses when they have been approved for payment and paid by the Plan.

Hardship Withdrawals
The Plan provides for hardship withdrawals, not to exceed an amount required to meet the immediate need created by the hardship, and then only to the extent such immediate need cannot be satisfied by other sources readily available to the participant. Permissible circumstances for hardship withdrawals include education expenses, costs directly related to the purchase of a principal residence, and costs necessary to prevent eviction from the participants' personal residence and such other circumstances as the Plan Administrator may determine based on rules set forth in the Internal Revenue Service regulations. Salary deferral contributions are suspended for six months after withdrawal.

2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation
GAAP defines fair value, provides guidance for measuring fair value and requires certain disclosures. It discusses valuation techniques, such as the market approach (comparable market prices), the income approach (present value of future income or cash flow), and the cost approach (cost to replace the service capacity of an asset or replacement cost). The statement provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The following is a brief description of those three levels:

- Level 1: Observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities.

- Level 2: Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active.

- Level 3: Unobservable inputs that reflect management's own assumptions.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds
Shares of mutual funds are valued at quoted market price, which represent the net asset value of shares held by the Plan at year end. Investments in mutual funds are classified as Level 1.

Insurance Company General Accounts
Investments in insurance company general accounts consist of investments in an unallocated contract of MetLife Insurance Company and the fair value of these investments is determined by the Trustee based on the fair value of the underlying securities within the funds, which represent the net asset value of the shares held by the Plan at year end. Investments in insurance company general accounts are classified as Level 2 investments.

Participant Loans
Participant loans are valued at their outstanding balances, which approximates fair value and are classified as Level 3 investments.

2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events
These financial statements were approved by management and available for issuance on October 2, 2010. Management has evaluated subsequent events through this date.

3 - FAIR VALUE MEASUREMENTS (UNAUDITED)

The following table summarizes investment assets measured at fair value:

	Investments at Fair Value			
December 31, 2009	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,657,482	$ -	$ -	$ 3,657,482
Insurance co. general accounts	-	2,546	-	2,546
Participant loans	-	-	125,624	125,624
	$ 3,657,482	$ 2,546	$ 125,624	$ 3,785,652

	Investments at Fair Value			
December 31, 2008	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,411,668	$ -	$ -	$ 2,411,668
Insurance co. general accounts	-	2,301	-	2,301
Participant loans	-	-	194,027	194,027
	$ 2,411,668	$ 2,301	$ 194,027	$ 2,607,996

The following reconciliation is for Level 3 investments for the year ended:

	December 31,	
	2009	2008
Balance at January 1	$ 194,027	$ 241,221
New loans issued	13,800	21,193
Benefit payment distributions	(12,330)	(10,270)
Principal repayments	(69,873)	(58,117)
	$ 125,624	$ 194,027

4 - INVESTMENTS (UNAUDITED)

Investments that represent five percent or more of the Plan's net assets available for benefits are as presented at fair value as follows:

	December 31,	
	2009	2008
Janus Capital Appreciation	324,462	263,645
Legg Mason Var Money Market	466,710	399,012
PIMCO VIT Tot Ret Portfolio	-	145,464
PIMCO Total Return Portfolio	275,704	-

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $750,190 during the year ended December 31, 2009, as follows:

Mutual funds	$ 749,943
Insurance company general accounts	247

5 - RELATED PARTY TRANSACTIONS

MetLife is the trustee as defined by the Plan and, therefore, investments in MetLife and its related entities' funds qualify as party-in-interest transactions. The balances of investments sponsored by MetLife were $253,587 and $80,741 as of December 31, 2009 and 2008, respectively.

Certain officers and employees of the Employer (who may also be participants in the Plan) perform administrative services related to the operation, record keeping and financial reporting of the Plan. The Employer pays these individuals salaries and also pays other administrative expenses on behalf of the Plan. Certain fees, to the extent not paid by the Employer, are paid by the Plan, which amounted to $4,835 for the year ended December 31, 2009.

6 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100 percent vested in their accounts.

7 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. 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 the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

The Plan may invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

8 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 27, 2005, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Federal, state, and local income tax returns for years prior to 2006 are no longer subject to examination by tax authorities.

9 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED)

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

	December 31,	
	2009	2008
Statements of net assets		
Investments		
Mutual funds	$ 3,657,482	$ 2,411,668
Insurance company general accounts	2,546	2,301
	$ 3,660,028	$ 2,413,969

9 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED)
(Continued)

	Year Ended December 31, 2009
Statement of changes in net assets	
Investments	
Interest and dividends	$ 14,116
Net appreciation in fair value of investments	750,190

10 - EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

There were excess contributions of $36,092 related to the 2009 Plan year which were paid by March 15, 2010 and accrued at December 31, 2009.

SUPPLEMENTARY INFORMATION

METTEL 401(k) PLAN

EIN NO. 51-0374236, PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Number of Shares/Units	(c) Description of Investments	(e) Current Value
	American Global	71,597	Fund C1 2	$ 104,295
	American Growth	20,358	Income C1 2	21,867
	American Growth	81,130	Fund C1 2	94,495
	Barclays	32,535	Cap Aggregate Bond Index	50,317
	Black Rock	107,364	Aggressive Growth	64,204
	Black Rock	32,646	Bond Inc-C1 A	52,666
	Black Rock	34,527	High Yield	52,873
	Black Rock	12,411	Large-Cap Core	11,107
	Black Rock	36,437	Legacy Large Cap Growth	49,337
	Clarion Glbl	46,741	Real Estate	37,386
	Davis Venture Value	7,026	Venture Value	7,232
	Fidelity	59,377	Mid Cap Port SC2	113,151
	Fidelity	43,387	Contra Fund – SC2	59,212
	Frank	13,127	Sm-Mid Cap Growth	12,872
	FI	7,721	Value Leaders Portfolio	12,409
	Harris Oakmark	101,070	Inter Portfolio	155,746
	Janus	124,271	Capital Appreciation	324,462
	Janus	145,202	Mid Capital Growth	79,212
	Jennison	9,008	Growth Portfolio	7,176
	Lazard	22,977	Mid Cap Portfolio	51,135
	Legg Mason	16,168	Adj Rate Inc	15,405
	Legg Mason	12,234	Diversified Strategy Inc	17,097
	Legg Mason	36,095	Investment Grade Bond	67,608
	Legg Mason	20,086	Small Capital Value	30,553
	Legg Mason	17,411	Var Investors	25,155
	Legg Mason	11,759	Var Large Cap Growth	18,367
	Legg Mason	370,886	Var Money Market	466,710
	Legg Mason	42,019	Var Small Cap Growth	49,353
	Lord Abbett	21,035	Growth and Income Port	17,240
	Lord Abbett	1,623	Bond Debt Port	2,183
	Lord Abbett	54,586	Mid Cap	57,211
	LMP	36,730	Var Glo High Yield Bond	65,879
	LMPV	42,481	Appreciation Class I	57,360
	LMPV	5,863	Cap and Inc Port	6,859
	LMPV	8,313	Social Awareness Prt	9,837
	LMPV	52,940	Aggressive Growth Cl I	46,815
	LMPV	21,416	Fundamental Value Cl I	16,608

See independent auditors' report.

METTEL 401(k) PLAN

EIN NO. 51-0374236, PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
CONTINUED

DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Number of Shares/Units	(c) Description of Investments	(e) Current Value
*	MetLife	4,442	Conservative/Moderate	4,606
*	MetLife	16,036	Moder-Aggr Alloc Port	14,372
*	MetLife	41,326	Aggr Alloc Port	34,462
*	MetLife	4,055	Conservative Alloc Port	4,484
*	MetLife	30,501	Modified Alloc Proc	29,473
*	MetLife	172,311	Stock Index Port	163,644
	MFS	5,932	Total Return Portfolio	12,436
	MFS	7,711	Value Portfolio	9,353
	Morgan Stanley	28,508	EAFE	25,733
	Pioneer	3,149	Fund Portfolio	4,316
	Pioneer	40,482	Strategic Income	84,017
	PIMCO	166,012	Total Return Portfolio	275,704
	Russell	21,957	2000 Index	24,398
	T. Rowe	34,287	Priv Large Cap Growth Port	32,329
	T. Rowe	109,067	Price Small CapGr	120,153
	Templeton	59,771	Foreign Sec Fund	82,874
	Templeton	32,401	Developing Markets	94,790
	Templeton	44,375	Growth Fund Inc	91,598
	Third Avenue	80,232	Small Cap Value	121,186
	Van Kampen	11,835	Comstock Portfolio	15,822
	West Asset Management	69,454	U.S. Government Port	80,338
*	Met-Life Insurance Company	1,970	Unallocated Contracts	2,546
				3,660,028
*	Participants' loans maturing in 2010 through 2014 at interest rates of 5.25% to 10.25%			125,624
				$ 3,785,652

* Indicates party-in-interest as defined by ERISA

See independent auditors' report.

METTEL 401(k) PLAN

EIN NO. 51-0374236, PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2009

Identity of Party Involved	Relationship to Plan	Description of Transaction	Late Participant Loan Repayments Included	Total that Constitutes Nonexempt Prohibited Transactions			Total Participant Contributions Transferred Late to Plan
				Contributions Not Corrected	Contributions Outside of VFCP	Contributions Pending Correction in VFCP	
Manhattan Telecommunications Corp.	Plan Sponsor	For the year ended December 31, 2009, the Plan Sponsor failed to remit from multiple participant salary deferrals totaling $547,024 to the Plan's Trustee.	No	$ -	$ 547,024	$ -	$ 547,024

See independent auditors' report.