# 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**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
GA TELESIS, LLC PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2002

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
GA TELESIS, LLC

1850 N.W. 49TH STREET
FORT LAUDERDALE, FL 33309

**2b** Employer Identification Number (EIN)
04-3625920

**2c** Sponsor's telephone number
954-676-3111

**2d** Business code (see instructions)
488100

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2011 | ABDOL MOABERY |
| | **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")

GA TELESIS, LLC

1850 N.W. 49TH STREET
FORT LAUDERDALE, FL 33309

**3b** Administrator's EIN: 04-3625920

**3c** Administrator's telephone number: 954-676-3111

**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** | 142 |
| **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** | 160 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 21 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 181 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 181 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 133 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 19 |
| **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:

2A 2E 2F 2G 2J 2K 3D

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
GA TELESIS, LLC PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500.
GA TELESIS, LLC

**D** Employer Identification Number (EIN)
04-3625920

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

**1** Coverage Information:

**(a)** Name of insurance carrier
JOHN HANCOCK USA

| (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 | Policy or contract year (g) To |
|---|---|---|---|---|---|
| 01-0233346 | 65838 | 27412 | 160 | 01/01/2010 | 12/31/2010 |

**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 |
|---|---|
| 11556 | 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

UNITED CAPITAL FINANCIAL ADVISORS
500 NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

| (b) Amount of sales and base commissions paid | Fees and other commissions paid (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
|---|---|---|---|
| 11556 | | | 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 (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
|---|---|---|---|
| | | | |

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

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(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 | 58301 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 2648541 |

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 ▶ GUARANTEED INTEREST ACCOUNT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 40934 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 16898 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 704 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 17602 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 58536 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | 357 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 357 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 58179 |

## 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)** | 0 |
| **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)** | 0 |
| (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)** | 0 |
| (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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
GA TELESIS, LLC PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
GA TELESIS, LLC

**D** Employer Identification Number (EIN)
04-3625920

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHN HANCOCK USA

01-0233346

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 28 59 60 62 63 67 | RECORDKEEPER | 0 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
GA TELESIS, LLC PROFIT SHARING PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GA TELESIS, LLC

**D** Employer Identification Number (EIN)
04-3625920

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2045

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 15786 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2040

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 27467 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2035

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 19069 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2030

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 5268 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2025

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 60 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2020

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 5624 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): LIFESTYLE AGGRESSIVE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-000 | P | 233300 |

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): LIFESTYLE GROWTH | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 584208 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): LIFESTYLE BALANCED | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 397275 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): LIFESTYLE MODERATE | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34296 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): LIFESTYLE CONSERVATIVE | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3560 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY ADVISOR GOLD FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10826 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): NATURAL RESOURCES FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15242 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): DFA EMERGING MARKETS VALUE | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14896 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): ROYCE OPPORTUNITY | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10531 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): INTL SMALL CAP FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14459 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY ADV LEVERAGED CO STK | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9259 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): OPPENHEIMER DEVELOPING MKT | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 130279 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): ENERGY | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 56681 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): MID-CAP GROWTH INDEX FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 9640 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): T. ROWE PRICE SCI & TECH | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 15861 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): DFA U.S. SMALL CAP FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 53266 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): SMALL CAP GROWTH INDEX | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2737 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): INTL EQUITY INDEX FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 33615 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): SMALLCAP WORLD FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11343 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): NEW WORLD FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5600 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): SCIENCE & TECHNOLOGY FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 17451 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): FINANCIAL SERVICES FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 17346 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): INV SMALL CAP GROWTH | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5686 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): OPPENHEIMER INTL GROWTH FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 9042 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): EUROPACIFIC GROWTH FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 29873 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): FRANKLIN SMALL-MID GROWTH | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 9863 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): PRU JENNISON 20/20 FOCUS FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10377 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): TURNER CORE GROWTH FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8844 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): SMALL COMPANY VALUE FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4919 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): BLUE CHIP GROWTH FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10573 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): FRANKLIN BALANCE SHEET | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8006 |

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): VALUE FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6579 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): MID CAP INDEX FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8129 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): OPPENHEIMER GLOBAL | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3302 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): CAPITAL WORLD GROWTH & INCOME | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5692 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): TEMPLETON WORLD | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4208 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK RAINIER GROW | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3582 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): UTILITIES FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1073 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): MFS UTILITIES | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3974 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): TOTAL STOCK MARKET INDEX FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13388 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): THE GROWTH FUND OF AMERICA | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18216 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY ADV NEW INSIGHTS | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4835 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): OPTIMIZED VALUE FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 17672 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): DAVIS NEW YORK VENTURE | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3144 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): T. ROWE PRICE EQUITY INC | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5383 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): 500 INDEX FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12766 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): WASHINGTON MUTUAL INVESTORS | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1548 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): INVESTMENT COMPANY OF AMERICA | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7569 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): IVY ASSET STRATEGY FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5339 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): AMERICAN BALANCED FUND | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5345 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | | |
| **b** Name of sponsor of entity listed in (a): PIMCO ALL ASSET | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1906 |

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): MUTUAL GLOBAL DISCOVERY | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10791 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): GLOBAL BOND FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 954 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): REAL RETURN BOND FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 927 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): PIMCO GLOBAL BOND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5227 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): OPPENHEIMER INTL BOND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 939 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): PIMCO REAL RETURN | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73275 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): T. ROWE PRICE SPECTRUM INC | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 958 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): STRATEGIC INCOME OPP FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1008 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): ACTIVE BOND FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 968 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA | | |
| **b** Name of sponsor of entity listed in (a): INVESTMENT QUAL BOND FUND | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 914 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): TOTAL RETURN FUND

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5864 |
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): CORE BOND FUND

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 908 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): PIMCO TOTAL RETURN

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70795 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): TOTAL BOND MARKET FUND

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 892 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): SHORT-TERM FEDERAL

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5871 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

**b** Name of sponsor of entity listed in (a): MONEY MARKET FUND

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 482475 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
GA TELESIS, LLC PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
GA TELESIS, LLC

**D** Employer Identification Number (EIN)
04-3625920

## 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 | 15675 | 34571 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | 450 |
| **(2)** Participant contributions | 1b(2) | | 900 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 422861 | 485860 |
| **(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) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 1619148 | 2194762 |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 40934 | 58992 |
| **(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 | 2098618 | 2775535 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 3508 | 1800 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 3508 | 1800 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2095110 | 2773735 |

## 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) | 176822 | |
| | **(B)** Participants | 2a(1)(B) | 420158 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 1640 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 598620 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 0 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | 0 | |
| (B) Other | 2b(5)(B) | 0 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 250500 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 0 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 849120 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 170495 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 170495 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | 0 |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 0 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 0 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 170495 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 678625 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GOLDSTEIN ZUGMAN WEINSTEIN ETAL (2) EIN: 20-0453834

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
GA TELESIS, LLC PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
GA TELESIS, LLC

**D** Employer Identification Number (EIN)
04-3625920

## 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): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# GA TELESIS, LLC PROFIT SHARING PLAN

## FINANCIAL STATEMENTS

## December 31, 2010

**GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE, LLC**

***Certified Public Accountants and Consultants***

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

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

Please reply to:

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Suite 300
Plantation, Florida 33324
Broward: 954.845.1175
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admin@gzwpcpa.com

## INDEPENDENT AUDITORS' REPORT

**To the Plan Administrator of**
**GA Telesis, LLC Profit Sharing Plan**
**Fort Lauderdale, Florida**

We were engaged to audit the accompanying statement of net assets available for benefits of GA Telesis, LLC Profit Sharing Plan as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C and D, which was certified by John Hancock Life Insurance Company (U.S.A.), the investment 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 investment custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the investment custodian as of and for the years ended December 31, 2010, that the information provided to the plan administrator by the investment 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the investment 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Goldstein, Zugman, Weinstein & Poole LLC

Goldstein, Zugman, Weinstein & Poole, LLC
Plantation, Florida
October 13, 2011

GA TELESIS, LLC PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010

| | |
|---|---|
| **ASSETS** | |
| Cash | $ 34,571 |
| Contributions Receivable | 1,350 |
| Investments: | |
| Guaranteed Investment Contract Accounts | 58,992 |
| Pooled/Separate Accounts | 2,680,622 |
| Total Investments | 2,739,614 |
| **TOTAL ASSETS** | 2,775,535 |
| **LIABILITIES** | |
| Due to Plan Sponsor | 1,800 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 2,773,735 |

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

GA TELESIS, LLC PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2010

| | |
|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | |
| Investment Income - Pooled/Separate Accounts | $ 249,796 |
| Income - Guaranteed Investment Contract Accounts | 704 |
| | 250,500 |
| Contributions: | |
| Employer's | 176,822 |
| Participants' | 421,798 |
| | 598,620 |
| Net Additions to Net Assets | 849,120 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | |
| Benefits Paid Directly to Participants | 170,495 |
| Net Increase in Net Assets Available for Benefits | 678,625 |
| **NET ASSETS AVAILABLE FOR BENEFITS,** Beginning of Year | 2,095,110 |
| **NET ASSETS AVAILABLE FOR BENEFITS,** End of Year | $ 2,773,735 |

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

## NOTE A - DESCRIPTION OF PLAN

The following description of GA Telesis, LLC Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

*General.* The Plan is a defined contribution plan covering all full-time employees of GA Telesis, LLC (the "Company") who have at least three months of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective January 1, 2009 (see Note G).

*Contributions.* Each year, participants may contribute pretax annual compensation, as defined in the Plan, to a maximum as defined by Internal Revenue Code Section 402(g), which placed contribution limits from each participant at $16,500 for 2010. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company makes discretionary matching contributions and matched 50% of participant contributions up to a maximum match of 3% of salary during 2010. Contributions are subject to certain additional limitations. The Plan Sponsor may also make an optional profit sharing contribution at its discretion.

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

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

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

*Participant Loans.* The Plan does not provide for loans to participants.

*Payment of Benefits.* On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments. For termination of service due to other reasons, a participant generally receives the value of the vested interest in his or her account as a lump-sum distribution.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. *Estimates*

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

2. *Investment Valuation*

The Plan's investments are stated at fair value.

The value of plan assets is calculated daily using the quoted market price for each investment option.

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

3. *Operating Expenses*

Contract administration and investment advisory fees charged by John Hancock are paid by the Plan and are accounted for as reductions of investment income. All other expenses of maintaining the Plan are paid by the Company (see Note C).

## NOTE C – CASH

The Plan maintains its cash balance in an account that is held by John Hancock. This account is funded by forfeitures of participant balances. Under the terms of the Plan, this balance is available solely to reduce the Company's contributions or to pay any operating expenses that may not be paid by the Company (see Note B). The cash balance was $34,571 at December 31, 2010.

The cash activity during 2010 consisted of forfeited non-invested accounts in the amount of $18,896, combined with prior years' forfeitures of $15,675 totaling $34,571.

## NOTE D – INVESTMENTS

All of the Plan's investments are held by John Hancock and are participant directed. The following table presents investments at December 31, 2010.

| Investments: | |
|---|---|
| Guaranteed Accounts | $ 58,992 |
| Pooled/Separate Accounts | 2,680,622 |
| | $ 2,739,614 |

## NOTE D – INVESTMENTS (continued)

FASB Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of other observable inputs, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

*Level 1 Fair Value Measurements*

The fair value of pooled/separate accounts, which consist solely of mutual funds, is based on quoted net asset values of the shares held by the Plan at year-end. The fair value of Level 1 investments totaled $2,680,622 at December 31, 2010.

*Level 3 Fair Value Measurements*

The guaranteed investment contract accounts are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract accounts is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations. The following table provides further details of the guaranteed investment contract account Level 3 fair value measurements.

| December 31, 2010: | |
|---|---|
| Beginning balance | $ 40,934 |
| Investment income on guaranteed investment contract accounts | 704 |
| Purchases, sales, issuances and settlements (net) | 17,354 |
| | $ 58,992 |

## NOTE E – GUARANTEED INVESTMENT CONTRACT ACCOUNTS

The Plan has an investment contract with John Hancock, who maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals. The contract is not fully benefit responsive; accordingly, it is included in the financial statements at fair value as reported to the Plan by John Hancock. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 was not significantly different from its contract value.

## NOTE F – PLAN TERMINATION

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

## NOTE G – TAX STATUS

The Plan obtained its latest determination letter as of March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended and restated (see Note A) since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

## NOTE H – RISKS AND UNCERTAINTIES

*Investments*

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

*Uncertain Tax Positions*

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

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

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

## NOTE H – RISKS AND UNCERTAINTIES (continued)

*Uncertain Tax Positions (continued)*

ASC 740-10 also requires disclosures of the Plan's accounting policy regarding interest and penalties related to income taxes and of the tax years in each jurisdiction that are open to assessment or challenge under tax statues. The Plan's policy is to record such interest and penalties upon assessment by the relevant taxing authorities, although no such amounts were incurred during 2010.

The Plan open tax years for Federal purposes are the years ended December 31, 2008, 2009 and 2010.

## NOTE I – RECONCILIATION TO FORM 5500

Differences between the accompanying financial statements and Form 5500, Schedule A, as of December 31, 2010 are described below.

Guaranteed investment contract accounts are reported in the statement of net assets available for benefits at their fair value of $58,992 and are reported in Form 5500, Schedule A, at their contract value of $58,179.

Pooled separate accounts are reported in the statement of net assets available for benefits as $2,680,622 and are reported in Form 5500, Schedule A, as $2,648,541. The difference of $32,081 results from these assets being reported on the accrual basis for financial statement purposes and on the cash basis for Form 5500, Schedule A.

## NOTE J – SUBSEQUENT EVENTS

The Plan's management has considered the effects of events occurring subsequent to December 31, 2010 and through October 13, 2011, the date that these financial statements were available to be issued, and has determined that no subsequent events have occurred that would require adjustment to, or disclosure in, these financial statements.

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

Name of Plan:

► GA Telesis, LLC Profit Sharing Plan

Employer Identification Number:► 04-3625920

For plan year (beginning/ending):► 01/01/2010 through 12/31/2010 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | JH Cash Account | Non-Interest Bearing Cash | 34570 | 34570 |
| | JH Guaranteed Interest Acct 3-Year | Insurance Company General Acct | 49708 | 50405 |
| | JH Guaranteed Interest Acct 5-Year | Insurance Company General Acct | 8471 | 8585 |
| | JH Retirement Living at 2045 | Pooled Separate Account | 12366 | 15934 |
| | JH Retirement Living at 2040 | Pooled Separate Account | 21946 | 27927 |
| | JH Retirement Living at 2035 | Pooled Separate Account | 15036 | 19350 |
| | JH Retirement Living at 2030 | Pooled Separate Account | 4078 | 5334 |
| | JH Retirement Living at 2025 | Pooled Separate Account | 43 | 60 |
| | JH Retirement Living at 2020 | Pooled Separate Account | 4627 | 5722 |
| | JH Lifestyle Aggressive | Pooled Separate Account | 196358 | 235875 |
| | JH Lifestyle Growth | Pooled Separate Account | 489939 | 591284 |
| | JH Lifestyle Balanced | Pooled Separate Account | 334439 | 400743 |
| | JH Lifestyle Moderate | Pooled Separate Account | 29544 | 34822 |
| | JH Lifestyle Conservative | Pooled Separate Account | 2877 | 3580 |
| | Fidelity Advisor Gold Fund | Pooled Separate Account | 8576 | 10826 |
| | JH Natural Resources Fund | Pooled Separate Account | 12822 | 15315 |
| | DFA Emerging Markets Fund | Pooled Separate Account | 12968 | 14922 |
| | Royce Opportunity | Pooled Separate Account | 9190 | 10558 |
| | JH Intl Small Cap Fund | Pooled Separate Account | 11560 | 14459 |
| | Fidelity Adv Leveraged Co Stk | Pooled Separate Account | 8333 | 9259 |
| | Oppenheimer Developing Mkt | Pooled Separate Account | 80581 | 132618 |
| | JH Energy | Pooled Separate Account | 43732 | 58339 |
| | JH Mid-Cap Growth Index Fund | Pooled Separate Account | 8385 | 9640 |
| | T. Rowe Price Sci & Tech | Pooled Separate Account | 14263 | 16039 |
| | DFA U.S. Small Cap Fund | Pooled Separate Account | 32145 | 53266 |
| | JH Small Cap Growth Index | Pooled Separate Account | 2028 | 2794 |
| | JH Intl Equity Index Fund | Pooled Separate Account | 28507 | 34416 |
| | JH SMALLCAP World Fund | Pooled Separate Account | 10064 | 11343 |
| | JH New World Fund | Pooled Separate Account | 5131 | 5600 |
| | JH Science & Technology Fund | Pooled Separate Account | 14377 | 17559 |
| | JH Financial Services Fund | Pooled Separate Account | 16725 | 17346 |
| | Inv Small Cap Growth | Pooled Separate Account | 4392 | 5821 |
| | Oppenheimer Intl Growth Fund | Pooled Separate Account | 8383 | 9042 |
| | JH EuroPacific Growth Fund | Pooled Separate Account | 25337 | 30276 |
| | Franklin Small-Mid Growth | Pooled Separate Account | 7851 | 9999 |
| | Pru Jennison 20/20 Focus Fund | Pooled Separate Account | 9939 | 10377 |
| | Turner Core Growth Fund | Pooled Separate Account | 8314 | 8844 |
| | JH Small Company Value Fund | Pooled Separate Account | 4134 | 4964 |
| | JH Blue Chip Growth Fund | Pooled Separate Account | 8355 | 10766 |
| | Franklin Balance Sheet | Pooled Separate Account | 7210 | 8699 |
| | JH Value Fund | Pooled Separate Account | 5412 | 6639 |

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

Name of Plan:

► GA Telesis, LLC Profit Sharing Plan

Employer Identification Number:► 04-3625920

For plan year (beginning/ending):► 01/01/2010 through 12/31/2010 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | JH Mid Cap Index Fund | Pooled Separate Account | 6222 | 8201 |
| | Oppenheimer Global | Pooled Separate Account | 2709 | 3374 |
| | JH Capital World Growth & Income | Pooled Separate Account | 5363 | 5790 |
| | Templeton World | Pooled Separate Account | 3748 | 4308 |
| | JH Rainier Grow | Pooled Separate Account | 2914 | 3652 |
| | JH Utilities Fund | Pooled Separate Account | 880 | 1098 |
| | MFS Utilities | Pooled Separate Account | 3259 | 4050 |
| | JH Total Stock Market Index Fund | Pooled Separate Account | 11440 | 13388 |
| | Amer Fds Growth Fund of America | Pooled Separate Account | 15416 | 18506 |
| | Fidelity Adv New Insights | Pooled Separate Account | 4262 | 4922 |
| | JH Optimized Value Fund | Pooled Separate Account | 17140 | 19118 |
| | Davis New York Venture | Pooled Separate Account | 2826 | 3144 |
| | T. Rowe Price Equity Inc | Pooled Separate Account | 4802 | 5428 |
| | JH 500 Index Fund | Pooled Separate Account | 10456 | 12988 |
| | Washington Mutual Investors | Pooled Separate Account | 1398 | 1563 |
| | Amer Fds Investment Co of America | Pooled Separate Account | 6449 | 7727 |
| | Ivy Asset Strategy Fund | Pooled Separate Account | 4984 | 5437 |
| | American Balanced Fund | Pooled Separate Account | 4536 | 5390 |
| | PIMCO All Asset | Pooled Separate Account | 1678 | 1946 |
| | Mutual Global Discovery | Pooled Separate Account | 10726 | 12177 |
| | JH Global Bond Fund | Pooled Separate Account | 875 | 979 |
| | JH Real Return Bond Fund | Pooled Separate Account | 875 | 951 |
| | PIMCO Global Bond | Pooled Separate Account | 4754 | 5344 |
| | Oppenheimer Intl Bond | Pooled Separate Account | 879 | 964 |
| | PIMCO Real Return | Pooled Separate Account | 61436 | 74303 |
| | T. Rowe Price Spectrum Inc | Pooled Separate Account | 875 | 982 |
| | JH Strategic Income Opp Fund | Pooled Separate Account | 963 | 1033 |
| | JH Active Bond Fund | Pooled Separate Account | 875 | 992 |
| | JH Investment Qual Bond Fund | Pooled Separate Account | 875 | 938 |
| | JH Total Return Fund | Pooled Separate Account | 5668 | 5986 |
| | JH Core Bond Fund | Pooled Separate Account | 875 | 932 |
| | PIMCO Total Return | Pooled Separate Account | 57158 | 71867 |
| | JH Total Bond Market Fund | Pooled Separate Account | 875 | 916 |
| | JH Short-Term Federal | Pooled Separate Account | 5900 | 6011 |
| | JH Money Market Fund | Interest Bearing Cash | 478742 | 485860 |

John Hancock

Historical Cost Summary Report For Contract Number 27412
THE TRUSTEES OF G.A. TELESIS, LLC
Audit Year Ending DECEMBER 31, 2010 Page 1

| Investment Funds | Historical Cost |
|---|---|
| PIMCO All Asset | $1,678.44 |
| American Balanced Fund | $4,536.17 |
| Lifestyle Aggressive | $196,358.28 |
| New World Fund | $5,130.86 |
| SMALLCAP World Fund | $10,064.41 |
| Blue Chip Growth Fund | $8,355.48 |
| Total Bond Market Fund | $874.78 |
| Lifestyle Balanced | $334,439.33 |
| Capital World Growth & Income | $5,363.34 |
| Lifestyle Conservative | $2,877.35 |
| Core Bond Fund | $874.81 |
| T. Rowe Price Equity Inc | $4,802.18 |
| DFA Emerging Markets Value | $12,967.58 |
| Mutual Global Discovery | $10,726.17 |
| Templeton World | $3,748.11 |
| Oppenheimer Developing Mkt | $80,581.39 |
| Active Bond Fund | $874.78 |
| EuroPacific Growth Fund | $25,337.27 |
| Optimized Value Fund | $17,139.62 |
| Fidelity Advisor Gold Fund | $8,572.89 |
| Fidelity Adv Leveraged Co Stk | $8,333.56 |
| Fidelity Adv New Insights | $4,262.37 |
| Financial Services Fund | $16,724.77 |
| Davis Financial | $0.00 |
| The Growth Fund of America | $15,415.60 |
| Global Bond Fund | $874.78 |
| Lifestyle Growth | $489,939.13 |
| Short-Term Federal | $5,899.73 |
| T. Rowe Price Health Sci | $0.00 |
| Ivy Asset Strategy Fund | $4,984.39 |
| Investment Company of America | $6,448.74 |
| Intl Equity Index Fund | $28,506.61 |
| T. Rowe Price Spectrum Inc | $874.77 |
| 500 Index Fund | $10,455.87 |
| Investment Qual Bond Fund | $875.15 |
| Intl Small Cap Fund | $11,560.35 |
| Pru Jennison 20/20 Focus Fund | $9,938.65 |
| Retirement Living at 2020 | $4,626.69 |
| Retirement Living at 2025 | $43.24 |
| Retirement Living at 2030 | $4,078.30 |
| Retirement Living at 2035 | $15,035.52 |
| Retirement Living at 2040 | $21,946.27 |
| Retirement Living at 2045 | $12,366.16 |
| Mid Cap Index Fund | $6,222.47 |
| Mid-Cap Growth Index Fund | $8,385.37 |
| Lifestyle Moderate | $29,543.89 |
| Money Market Fund | $478,741.92 |
| Oppenheimer Intl Bond | $878.56 |
| Oppenheimer Intl Growth Fund | $8,382.91 |



Group annuity contracts are issued by John Hancock Life Insurance Company (U.S.A.).

John Hancock

Historical Cost Summary Report For Contract Number 27412
THE TRUSTEES OF G.A. TELESIS, LLC
Audit Year Ending DECEMBER 31, 2010 Page 2

| Investment Funds | Historical Cost |
|---|---|
| Royce Opportunity | $9,190.08 |
| PIMCO Global Bond | $4,753.74 |
| Pacific Rim Fund | $0.00 |
| PIMCO Real Return | $61,436.30 |
| Real Est. Securities Fund | $0.00 |
| Natural Resources Fund | $12,821.71 |
| John Hancock Rainier Grow | $2,914.12 |
| Real Return Bond Fund | $874.75 |
| Franklin Small-Mid Growth | $7,850.79 |
| Inv Small Cap Growth | $4,391.86 |
| DFA U.S. Small Cap Fund | $32,145.21 |
| T. Rowe Price Sci & Tech | $14,263.14 |
| Strategic Income Opp Fund | $962.51 |
| Franklin Balance Sheet | $7,210.11 |
| Small Company Value Fund | $4,134.39 |
| Science & Technology Fund | $14,376.76 |
| John Hancock Strategic Inc | $0.00 |
| Turner Core Growth Fund | $8,313.77 |
| Total Return Fund | $5,668.43 |
| PIMCO Total Return | $57,158.35 |
| Total Stock Market Index Fund | $11,439.88 |
| MFS Utilities | $3,259.17 |
| Utilities Fund | $880.61 |
| WAMCO U.S. Government Sec Fund | $0.00 |
| Davis New York Venture | $2,826.82 |
| Energy | $43,732.36 |
| Value Fund | $5,412.25 |
| Columbia Value & Restructuring | $0.00 |
| Small Cap Growth Index | $2,028.00 |
| Washington Mutual Investors | $1,397.88 |
| Oppenheimer Global | $2,709.44 |



Group annuity contracts are issued by John Hancock Life Insurance Company (U.S.A.).

# 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 1/1/2010 and ending 12/31/2010

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GA Telesis, LLC Profit Sharing Plan

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 1/1/2002

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
GA Telesis, LLC

1850 NW 49th Street

Ft. Lauderdale FL 33309

**2b** Employer Identification Number (EIN) 043625920

**2c** Sponsor's telephone number 9546763111

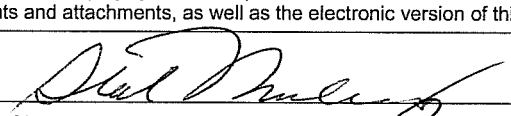
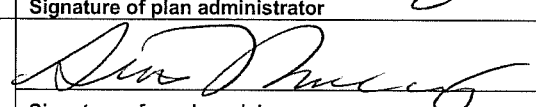
**2d** Business code (see instructions) 488100

1850 NW 49th Street

Ft. Lauderdale FL 33309

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| SIGN HERE |  Signature of plan administrator | 8-16-11 Date | ABDOL MOABERY Enter name of individual signing as plan administrator |
| SIGN HERE |  Signature of employer/plan sponsor | 8-16-11 Date | ABDOL MOABERY 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")<br>GA Telesis, LLC<br>1850 NW 49th Street<br>Ft. Lauderdale FL 33309 | **3b** Administrator's EIN<br>043625920 | |
| | **3c** Administrator's telephone number<br>9546763111 | |

| | | |
|---|---|---|
| **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:<br>**a** Sponsor's name | **4b** EIN | |
| | **4c** PN | |

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 142 |
| **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** | 160 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 21 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 181 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 181 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 133 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 19 |
| **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:

2A 2E 2J 2K 3D

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| (1) | [X] Insurance | (1) | [X] Insurance |
| (2) | [ ] Code section 412(e)(3) insurance contracts | (2) | [ ] Code section 412(e)(3) insurance contracts |
| (3) | [X] Trust | (3) | [X] Trust |
| (4) | [ ] General assets of the sponsor | (4) | [ ] General assets of the sponsor |

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

| **a Pension Schedules** | | **b General Schedules** | | |
|---|---|---|---|---|
| (1) | [X] **R** (Retirement Plan Information) | (1) | [X] | **H** (Financial Information) |
| (2) | [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) | [ ] | **I** (Financial Information – Small Plan) |
| | | (3) | [X] 1 | **A** (Insurance Information) |
| | | (4) | [ ] | **C** (Service Provider Information) |
| (3) | [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) | [X] | **D** (DFE/Participating Plan Information) |
| | | (6) | [ ] | **G** (Financial Transaction Schedules) |

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

Name of Plan:

► GA Telesis, LLC Profit Sharing Plan

Employer Identification Number:► 04-3625920

For plan year (beginning/ending):► 01/01/2010 through 12/31/2010 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | JH Cash Account | Non-Interest Bearing Cash | 34570 | 34570 |
| | JH Guaranteed Interest Acct 3-Year | Insurance Company General Acct | 49708 | 50405 |
| | JH Guaranteed Interest Acct 5-Year | Insurance Company General Acct | 8471 | 8585 |
| | JH Retirement Living at 2045 | Pooled Separate Account | 12366 | 15934 |
| | JH Retirement Living at 2040 | Pooled Separate Account | 21946 | 27927 |
| | JH Retirement Living at 2035 | Pooled Separate Account | 15036 | 19350 |
| | JH Retirement Living at 2030 | Pooled Separate Account | 4078 | 5334 |
| | JH Retirement Living at 2025 | Pooled Separate Account | 43 | 60 |
| | JH Retirement Living at 2020 | Pooled Separate Account | 4627 | 5722 |
| | JH Lifestyle Aggressive | Pooled Separate Account | 196358 | 235875 |
| | JH Lifestyle Growth | Pooled Separate Account | 489939 | 591284 |
| | JH Lifestyle Balanced | Pooled Separate Account | 334439 | 400743 |
| | JH Lifestyle Moderate | Pooled Separate Account | 29544 | 34822 |
| | JH Lifestyle Conservative | Pooled Separate Account | 2877 | 3580 |
| | Fidelity Advisor Gold Fund | Pooled Separate Account | 8576 | 10826 |
| | JH Natural Resources Fund | Pooled Separate Account | 12822 | 15315 |
| | DFA Emerging Markets Fund | Pooled Separate Account | 12968 | 14922 |
| | Royce Opportunity | Pooled Separate Account | 9190 | 10558 |
| | JH Intl Small Cap Fund | Pooled Separate Account | 11560 | 14459 |
| | Fidelity Adv Leveraged Co Stk | Pooled Separate Account | 8333 | 9259 |
| | Oppenheimer Developing Mkt | Pooled Separate Account | 80581 | 132618 |
| | JH Energy | Pooled Separate Account | 43732 | 58339 |
| | JH Mid-Cap Growth Index Fund | Pooled Separate Account | 8385 | 9640 |
| | T. Rowe Price Sci & Tech | Pooled Separate Account | 14263 | 16039 |
| | DFA U.S. Small Cap Fund | Pooled Separate Account | 32145 | 53266 |
| | JH Small Cap Growth Index | Pooled Separate Account | 2028 | 2794 |
| | JH Intl Equity Index Fund | Pooled Separate Account | 28507 | 34416 |
| | JH SMALLCAP World Fund | Pooled Separate Account | 10064 | 11343 |
| | JH New World Fund | Pooled Separate Account | 5131 | 5600 |
| | JH Science & Technology Fund | Pooled Separate Account | 14377 | 17559 |
| | JH Financial Services Fund | Pooled Separate Account | 16725 | 17346 |
| | Inv Small Cap Growth | Pooled Separate Account | 4392 | 5821 |
| | Oppenheimer Intl Growth Fund | Pooled Separate Account | 8383 | 9042 |
| | JH EuroPacific Growth Fund | Pooled Separate Account | 25337 | 30276 |
| | Franklin Small-Mid Growth | Pooled Separate Account | 7851 | 9999 |
| | Pru Jennison 20/20 Focus Fund | Pooled Separate Account | 9939 | 10377 |
| | Turner Core Growth Fund | Pooled Separate Account | 8314 | 8844 |
| | JH Small Company Value Fund | Pooled Separate Account | 4134 | 4964 |
| | JH Blue Chip Growth Fund | Pooled Separate Account | 8355 | 10766 |
| | Franklin Balance Sheet | Pooled Separate Account | 7210 | 8699 |
| | JH Value Fund | Pooled Separate Account | 5412 | 6639 |

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

Name of Plan:

► GA Telesis, LLC Profit Sharing Plan

Employer Identification Number:► 04-3625920

For plan year (beginning/ending):► 01/01/2010 through 12/31/2010 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | JH Mid Cap Index Fund | Pooled Separate Account | 6222 | 8201 |
| | Oppenheimer Global | Pooled Separate Account | 2709 | 3374 |
| | JH Capital World Growth & Income | Pooled Separate Account | 5363 | 5790 |
| | Templeton World | Pooled Separate Account | 3748 | 4308 |
| | JH Rainier Grow | Pooled Separate Account | 2914 | 3652 |
| | JH Utilities Fund | Pooled Separate Account | 880 | 1098 |
| | MFS Utilities | Pooled Separate Account | 3259 | 4050 |
| | JH Total Stock Market Index Fund | Pooled Separate Account | 11440 | 13388 |
| | Amer Fds Growth Fund of America | Pooled Separate Account | 15416 | 18506 |
| | Fidelity Adv New Insights | Pooled Separate Account | 4262 | 4922 |
| | JH Optimized Value Fund | Pooled Separate Account | 17140 | 19118 |
| | Davis New York Venture | Pooled Separate Account | 2826 | 3144 |
| | T. Rowe Price Equity Inc | Pooled Separate Account | 4802 | 5428 |
| | JH 500 Index Fund | Pooled Separate Account | 10456 | 12988 |
| | Washington Mutual Investors | Pooled Separate Account | 1398 | 1563 |
| | Amer Fds Investment Co of America | Pooled Separate Account | 6449 | 7727 |
| | Ivy Asset Strategy Fund | Pooled Separate Account | 4984 | 5437 |
| | American Balanced Fund | Pooled Separate Account | 4536 | 5390 |
| | PIMCO All Asset | Pooled Separate Account | 1678 | 1946 |
| | Mutual Global Discovery | Pooled Separate Account | 10726 | 12177 |
| | JH Global Bond Fund | Pooled Separate Account | 875 | 979 |
| | JH Real Return Bond Fund | Pooled Separate Account | 875 | 951 |
| | PIMCO Global Bond | Pooled Separate Account | 4754 | 5344 |
| | Oppenheimer Intl Bond | Pooled Separate Account | 879 | 964 |
| | PIMCO Real Return | Pooled Separate Account | 61436 | 74303 |
| | T. Rowe Price Spectrum Inc | Pooled Separate Account | 875 | 982 |
| | JH Strategic Income Opp Fund | Pooled Separate Account | 963 | 1033 |
| | JH Active Bond Fund | Pooled Separate Account | 875 | 992 |
| | JH Investment Qual Bond Fund | Pooled Separate Account | 875 | 938 |
| | JH Total Return Fund | Pooled Separate Account | 5668 | 5986 |
| | JH Core Bond Fund | Pooled Separate Account | 875 | 932 |
| | PIMCO Total Return | Pooled Separate Account | 57158 | 71867 |
| | JH Total Bond Market Fund | Pooled Separate Account | 875 | 916 |
| | JH Short-Term Federal | Pooled Separate Account | 5900 | 6011 |
| | JH Money Market Fund | Interest Bearing Cash | 478742 | 485860 |