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
A.J. KIRKWOOD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
A. J. KIRKWOOD & ASSOCIATES, INC.

2752 WALNUT AVENUE
TUSTIN, CA 92780-7025

2b Employer Identification Number (EIN) 33-0707710

2c Sponsor's telephone number 714-505-1977

2d Business code (see instructions) 238210

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	SAMUEL S. SANDOVAL
	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")
A. J. KIRKWOOD & ASSOCIATES, INC.

2752 WALNUT AVENUE
TUSTIN, CA 92780-7025

3b Administrator's EIN
33-0707710

3c Administrator's telephone number
714-505-1977

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**	284
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**	275
b	Retired or separated participants receiving benefits	**6b**	122
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	397
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	397
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	330
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	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)	X		**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
A.J. KIRKWOOD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
A. J. KIRKWOOD & ASSOCIATES, INC.

D Employer Identification Number (EIN)
33-0707710

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

(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	63820		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
11997	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
HORNOR, TOWNSEND & KENT, INC.
600 DRESHER ROAD, SUITE C1C
HORSHAM, PA 19044

(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
10864			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACTUARIES UNLIMITED, INC.
16030 VENTURA BLVD., SUITE 320
ENCINO, CA 91436

(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
919			5

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

MORGAN STANLEY & CO., INCORP

2000 WESTCHESTER DRIVE
AVENUE PURCHASE, NY 10577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
214			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
A.J. KIRKWOOD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
A. J. KIRKWOOD & ASSOCIATES, INC.

D Employer Identification Number (EIN)
33-0707710

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)

(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 ☐

(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
A.J. KIRKWOOD & ASSOCIATES, INC. 401(K) 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
A. J. KIRKWOOD & ASSOCIATES, INC.

D Employer Identification Number (EIN)
33-0707710

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: LIFESTYLE CONSERVATIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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	60829

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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	25018

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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	879436

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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	117866

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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	31364

a Name of MTIA, CCT, PSA, or 103-12 IE: LM PARTNERS GLB HIGH YIELD

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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	26089

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM FEDERAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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	24007

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC.

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 31670

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 7982

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 94516

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 5598

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 37133

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 51808

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 56461

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 255296

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT QUAL BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 146529

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 21959

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 28489

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 91336

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 1077

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 1439

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK

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) 5282

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)

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

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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 G (Form 5500)	Financial Transaction Schedules	OMB No. 1210-0110
Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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:
A.J. KIRKWOOD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
A. J. KIRKWOOD & ASSOCIATES, INC.

D Employer Identification Number (EIN):
33-0707710

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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
A.J. KIRKWOOD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
A. J. KIRKWOOD & ASSOCIATES, INC.

D Employer Identification Number (EIN)
33-0707710

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	32736	52898
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	476
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	131317	180766
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2033384	2745263
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2197437	2979403
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2197437	2979403

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)	707600	
(B) Participants	2a(1)(B)	197119	
(C) Others (including rollovers)	2a(1)(C)	7645	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		912364
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	584	
(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)	6699	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7283
(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)		299955
	(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		1219602
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	410354	
	(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)		410354
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)	27282	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27282
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		437636
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		781966
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: FRANK C. HUANG, CPA **(2)** EIN: 26-2991834

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		175000
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			
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
A.J. KIRKWOOD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
A. J. KIRKWOOD & ASSOCIATES, INC.

D Employer Identification Number (EIN)
33-0707710

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):

Frank C. Huang
Certified Public Accountant
1199 S. Fairway Drive, Suite 109
Walnut, California 91789

Tel: (909) 598-6453
Fax: (909) 598-6471

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
A. J. Kirkwood & Associates, Inc.
401(k) Profit Sharing Plan
2752 Walnut Avenue
Tustin, CA 92780

We were engaged to audit the Statements of Net Assets Available for Benefits of A. J. Kirkwood & Associates, Inc., 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended December 31, 2010, and the supplemental schedules as of and for the years ended December 31, 2010 and December 31, 2009, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by John Hancock Life Insurance Company (USA), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

September 16, 2011

Frank C. Huang
Certified Public Accountant
1199 S. Fairway Drive, Suite 109
Walnut, California 91789

Tel: (909) 598-6453
Fax: (909) 598-6471

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
A. J. Kirkwood & Associates, Inc.
401(k) Profit Sharing Plan
2752 Walnut Avenue
Tustin, CA 92780

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

September 16, 2011

A. J. KIRKWOOD & ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY FINANCIAL INFORMATION
WITH
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2010 AND DECEMBER 31, 2009

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A. J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2010	December 31, 2009
ASSETS:		
INVESTMENTS:		
At Fair Value - Guaranteed Accounts	$ 47,905	$ 32,203
At Contract Value - Investment Contract with Insurance Company	2,745,263	2,001,181
Total Investments	2,793,168	2,033,384
CASH	4,993	32,736
RECEIVABLES:		
Participant Loans	180,766	131,317
QNEC Contributions	476	- - -
Total Receivables	181,242	131,317
Total Assets	$ 2,979,403	$ 2,197,437
LIABILITIES:		
LIABILITIES	$ - - -	$ - - -
Net Assets Available for Benefits	$ 2,979,403	$ 2,197,437

See Accompanying Notes and Accountant's Report

A. J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2010	December 31, 2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Realized and Unrealized Appreciation (Reduction) in Fair Value of Investments	$ 299,955	$ 435,434
Interest Income	584	648
Participant Loan Interest	6,699	8,543
Total Investment Income	307,238	444,625
Contributions:		
Employer	706,979	264,161
Participant	197,119	135,328
Rollovers	7,226	6,743
QNEC	621	- - -
Other	419	(1,248)
Total Contributions	912,364	404,984
Total Additions	1,219,602	849,609
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions to Participants	410,354	380,969
Administrative Expenses	27,282	22,535
Total Deductions	437,636	403,504
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	781,966	446,105
BEGINNING NET ASSETS AVAILABLE FOR PLAN BENEFITS	2,197,437	1,751,332
ENDING NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 2,979,403	$ 2,197,437

See Accompanying Notes and Accountant's Report

A. J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and DECEMBER 31, 2009

NOTE 1 – Description of Plan

The following description of the A. J. Kirkwood & Associates, Inc. (Employer) 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan was adopted on January 24, 1997 with an effective date of January 1, 1997, as a defined contribution plan covering all full-time employees of the Employer who have completed one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA). Effective as of August 1, 2003, the Plan was amended to include receipt of Employer provided contributions for prevailing wage employees. Employees eligible to share in the employer provided benefits (based on prevailing wage rates) are eligible to participate on the beginning date of employment with the Employer. Prevailing wage employees are any employee whose service is subject to coverage under the Davis-Bacon Act, Service Contract Act, and any other federal or state law mandating the payment of compensation pursuant to certain minimum prevailing wage determinations.

Contributions:

Non-elective employer contributions are made by the employer based on hours worked and job classification of each employee performing work on prevailing wage contracts. There is no discrimination allowed under the plan. Generally, discrimination is considered to occur when non-highly compensated participants receive proportionately lesser benefits than highly compensated participants. ERISA allows employers to make a Qualified Non-Elective Contribution (QNEC) on behalf of certain participants to ensure the plan is in compliance with non-discrimination tests. The Company elected to make a QNEC in the amount of $476 and $145 for the years ending December 31, 2010 and December 31, 2009, respectively.

Profit sharing contributions are determined annually by the Employer up to maximum of 25% of all Participants' compensation. The annual compensation of each Participant taken into account in determining allocation for any plan year will not exceed $245,000 adjusted for cost-of-living increases in accordance with Section 401(a)(17)(B) of the Code. Contributions are limited to $49,000 per Participant adjusted for cost-of-living under Code Section 415(d). 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 defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

NOTE 1 – Description of Plan (Cont.)

Participant Accounts:

Each Participant's account is credited with the Participant's contribution and allocation of (a) the Employer's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on Participant earnings or account balances, as defined. Due to immediate vesting, there are no forfeitures of non-elective employer contributions. Forfeited profit sharing balances are used to reduce non-elective employer contributions. 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 elective contributions and non-elective employer contributions plus applicable earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A Participant is 100 percent vested after six years of credited service.

Participant Loans:

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance, or the present balance of the Participant's accrued benefit, whichever is less. The loans are secured by the balance in the Participant's account. Loan repayment is made not less frequently than quarterly and must be repaid within five years unless the loan is used to buy a primary residence.

Payment of Benefits:

On termination of service due to death, disability, or retirement, a Participant may elect to receive a lump-sum amount equal to the value of the Participant's vested interest in his or her account.

Investment Options:

Contributions on behalf of the Participants are invested in accordance with the Participants' investment allocation. The Participants' investment choice is limited to in-house investments with John Hancock Life Insurance Company (USA), chosen by trustees. The Plan's investments are pooled. However, each Participant receives allocations of Plan earnings based on the Participant's investment allocation. Participants may change their investment options at any time.

NOTE 2 – Summary Of Accounting Policies

Basis of Accounting:

The financial statements of the Plan are prepared under the accrual method of accounting. The financial statements and notes are the representation of the Plan's trustees, who are responsible for the integrity and objectivity of the financial statements.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value except for its benefit-responsive investment contract, which is valued at contract value (Note 4). Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Participant's loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest and dividend income is earned individually according to each Participants' investment allocation and are reinvested in each account.

Payment of Benefits:

Benefits are recorded when paid.

NOTE 3 – Investment Contract With Insurance Company

In 2004, the Plan entered into a fully benefit-responsive variable investment contract with John Hancock Life Insurance Company (USA) (John Hancock). John Hancock maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by John Hancock. The contract is included in the financial statements at contract value measured by quoted market prices in an active market, which represents contributions made under the contract, plus earnings less Plan withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 was $2,793,168. The average gain was approximately eleven percent (11%) for 2010. The fair value of the investment contract at December 31, 2009 was $2,033,384. The average gain was approximately twenty-three percent (23%) for 2009.

A. J. KIRKWOOD ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOTE 4 - Investments

The following information included in the accompanying Statements of Net Assets Available for Plan Benefits and Statements of Changes of Net Assets Available for Plan Benefits, and Supplemental Schedules, was obtained from data that has been prepared and certified to as complete and accurate by John Hancock as of December 31, 2010 and December 31, 2009.

Money Type	December 31, 2010		December 31, 2009	
	Cost	Fair Value	Cost	Fair Value
Investment Funds:				
JH Lifestyle Conservative	$ 160,622	$ 174,717	$ 55,514	$ 60,826
JH Lifestyle Moderate	82,293	89,912	22,484	25,017
JH Lifestyle Balanced	1,001,506	1,132,170	860,036	879,436
JH Lifestyle Growth	237,162	279,357	103,523	117,865
JH Lifestyle Aggressive	113,648	128,664	29,997	31,364
JH Short Term Federal	21,895	25,838	20,684	24,007
JH LM Partners Glb High Yield	9,832	13,165	21,321	26,089
JH T. Rowe Price Equity Inc	44,231	51,244	31,058	31,670
JH Mutual Discovery	9,820	10,501	8,290	7,982
JH Columbia Value & Restruct	113,457	129,763	98,224	94,516
JH American Funds Europacific	3,939	4,820	4,997	5,598
JH Explorer	2,294	2,330	32,312	37,133
JH Oppenheimer Developing Mkt	38,909	63,615	36,858	56,461
JH T. Rowe Price Sci & Tech	92,869	109,018	47,817	51,808
Money Market Fund	194,299	196,118	250,067	255,296
Investment Qual Bond Fund	102,749	121,139	131,777	146,530
500 Index Fund	26,276	29,796	21,802	21,959
Small Cap Value Fund	922	1,345	931	1,077
Mid Cap Index Fund	104,428	126,921	93,949	91,336
Mid Cap Stock Fund (VS)	1,520	1,749	1,535	1,439
Intl Small Cap Fund	5,864	9,208	3,540	5,283
Blue Chip Growth Fund (VS)	37,680	43,873	27,370	28,489
Total Investment Funds	2,406,215	2,745,263	1,904,086	2,001,181
John Hancock:				
3 YR COMP	40,650	40,764	26,467	26,499
5 YR COMP	3,573	3,678	3,573	3,607
10 YR COMP	3,294	3,463	1,978	2,097
Total Guaranteed Accounts	47,517	47,905	32,018	32,203
TOTAL	$ 2,453,732	$ 2,793,168	$ 1,936,104	$ 2,033,384

NOTE 4 – Investments (Cont.)

During 2010 and 2009, the Plan's investment funds appreciated (depreciated) in value by $299,955 and $435,434, respectively. The Plan's Guaranteed Accounts earned interest of $584 and $648, respectively.

As of December 31, 2010, the investment of $160,622 in the JH Lifestyle Conservative Fund, $1,001,506 in the JH Lifestyle Balanced Fund, $237,162 in the JH Lifestyle Growth Fund, and $194,299 in the Money Market Fund each represent a greater than 5% interest of net assets available for benefits.

As of December 31, 2009, the investment of $860,036 in the JH Lifestyle Balance Fund, $103,523 in the JH Lifestyle Growth Fund, $98,224 in the JH Columbia Value and Restructuring Fund, and $250,067 in the Money Market Fund each represent a greater than 5% interest of net assets available for benefits.

NOTE 5 – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they are available, and generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were used by the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years presented are reported in net appreciation in fair value of investments.

NOTE 6 – Party-In-Interest Transactions

John Hancock Life Insurance Company provides substantially all of the brokerage services for the Plan investments and, as such, is a party-in-interest. The plan administrator, Actuaries Unlimited, is also a party-in-interest. Fees paid by the Plan for administrative services amounted to $27,282 and $22,535 for the years ended December 31, 2010, and December 31, 2009, respectively.

NOTE 7 – Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Participants will receive a lump-sum amount equal to the value of their account.

NOTE 8 - Federal Income Taxes

On November 8, 2004, the Trustee received from the Internal Revenue Service a letter of determination stating that A.J. Kirkwood & Associates, Inc. 401(k) Profit Sharing Plan is exempt from federal income taxes under Section 401(a) of the Internal Revenue Code for the Plan and its latest amendment dated October 11, 2003. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 9 – Risks and Uncertainties

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

A. J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOTE 10 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information

The Statement of Changes in net assets available for plan benefits with fund information for the year ended December 31, 2010 is summarized as follows:

	Participant Directed For the Year Ended December 31, 2010								
	John Hancock Lifestyle Conservative	John Hancock Lifestyle Moderate	John Hancock Lifestyle Balanced	John Hancock Lifestyle Growth	John Hancock Lifestyle Aggressive	John Hancock Short Term Federal	John Hancock LM Partners Glb. High Yield	John Hancock T. Rowe Price Equity Line	John Hancock Mutual Discovery
Investment Income (Loss):									
Net Appreciation (Depreciation) in Fair Value Investments	$ 9,297	$ 6,547	$ 118,799	$ 30,523	$ 13,749	$ 404	$ 2,008	$ 5,996	$ 871
Total Investment Income (Loss)	9,297	6,547	118,799	30,523	13,749	404	2,008	5,996	871
Contributions:									
Employer's Contributions	111,404	76,325	354,527	61,945	70,837	---	---	414	---
Employee Contributions	13,442	8,156	23,366	56,649	16,075	1,427	2,307	5,170	1,594
Rollover Contributions	208	---	5,124	313	521	---	---	---	---
Participant Loan Repayment	58	165	39,348	151	669	---	681	301	54
Total Contributions	125,112	84,646	422,365	119,058	88,102	1,427	2,988	5,885	1,648
Total Additions (Deductions)	134,409	91,193	541,164	149,581	101,851	1,831	4,996	11,881	2,519
Deductions from Net Assets Attributed to:									
Distributions and Expenses Allocated to Participants	(20,144)	(21,701)	(191,691)	(14,105)	(9,187)	---	(17,920)	---	---
Loan Withdrawals	(2,653)	(4,909)	(87,831)	(25,683)	(1,571)	---	---	---	---
Total Deductions	(22,797)	(26,610)	(279,522)	(39,788)	(10,758)	---	(17,920)	---	---
Transfers and Forfeitures	2,279	312	(8,908)	51,699	6,207	---	---	7,693	---
Net Increase (Decrease)	113,891	64,895	252,734	161,492	97,300	1,831	(12,924)	19,574	2,519
Net Assets Available for Plan Benefits:									
Beginning of the Year	60,826	25,017	879,436	117,865	31,364	24,007	26,089	31,670	7,982
End of Year	$ 174,717	$ 89,912	$ 1,132,170	$ 279,357	$ 128,664	$ 25,838	$ 13,165	$ 51,244	$ 10,501

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A. J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOTE 10 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2010								
	John Hancock Columbia Value and Restrict	John Hancock American Funds Europacific	John Hancock Explorer	John Hancock Oppenheimer Developing Market	John Hancock T. Rowe Price Sci & Tech	Money Market Fund	Investment Quality Bond Fund	500 Index Fund	Small Cap Value Fund
Investment Income (Loss):									
Net Appreciation (Depreciation) in Fair Value Investments	$ 18,697	$ 287	$ (509)	$ 13,025	$ 14,121	$ (2,874)	$ 7,972	$ 3,123	$ 268
Total Investment Income (Loss)	18,697	287	(509)	13,025	14,121	(2,874)	7,972	3,123	268
Contributions:									
Employer's Contributions	3,222	---	---	3,648	---	19,500	---	---	---
Employee Contribution	21,668	---	2,200	9,642	8,842	2,747	6,112	6,088	---
Rollover Contributions	---	---	---	---	---	---	---	---	---
Participant Loan Repayment	1,062	---	451	420	5,287	3,265	899	306	---
Total Contributions	25,952	---	2,651	13,710	14,129	25,512	7,011	6,394	---
Total Additions (Deductions)	44,649	287	2,142	26,735	28,250	22,638	14,983	9,517	268
Deductions from Net Assets Attributed to:									
Distributions and Expenses Allocated to Participants	(9,402)	(1,065)	---	(27,509)	(8,746)	(7,214)	(40,374)	(1,680)	---
Loan Withdrawals	---	---	---	---	---	---	---	---	---
Total Deductions	(9,402)	(1,065)	---	(27,509)	(8,746)	(7,214)	(40,374)	(1,680)	---
Transfers and Forfeitures	---	---	(36,945)	7,928	37,706	(74,602)	---	---	---
Net Increase (Decrease)	35,247	(778)	(34,803)	7,154	57,210	(59,178)	(25,391)	7,837	268
Net Assets Available for Plan Benefits:									
Beginning of the Year	94,516	5,598	37,133	56,461	51,808	255,296	146,530	21,959	1,077
End of Year	$ 129,763	$ 4,820	$ 2,330	$ 63,615	$ 109,018	$ 196,118	$ 121,139	$ 29,796	$ 1,345

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401(k) PROFIT SHARING PLAN
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NOTE 10 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2010									
	Mid Cap Index Fund	Mid Cap Stock Fund (VS)	Int'l Small Cap Fund	Blue Chip Growth Fund (VS)	3 Year Compound	5 Year Compound	10 Year Compound	Cash	Other	Totals
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ 24,131	$ 310	$ 1,551	$ 4,758	$ 82	$ 71	$ 50	$ ---	$ 33,981	$ 307,238
Total Investment Income (Loss)	24,131	310	1,551	4,758	82	71	50	---	33,981	307,238
Contributions:										
Employer's Contributions	4,024	---	---	---	16,845	---	---	---	(14,672)	708,019
Employee Contribution	8,867	---	2,320	11,725	---	---	1,316	---	(12,594)	197,119
Rollover Contributions	---	---	---	---	---	---	---	---	1,060	7,226
Participant Loan Repayment	985	---	54	459	---	---	---	---	(54,615)	---
Total Contributions	13,876	---	2,374	12,184	16,845	---	1,316	---	(80,821)	912,364
Total Additions (Deductions)	38,007	310	3,925	16,942	16,927	71	1,366	---	(46,840)	1,219,602
Deductions from Net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(10,116)	---	---	(1,558)	(2,662)	---	---	---	(52,562)	(437,636)
Loan Withdrawals	---	---	---	---	---	---	---	---	122,647	---
Total Deductions	(10,116)	---	---	(1,558)	(2,662)	---	---	---	70,085	(437,636)
Transfers and Forfeitures	7,694	---	---	---	---	---	---	(27,743)	26,680	---
Net Increase (Decrease)	35,585	310	3,925	15,384	14,265	71	1,366	(27,743)	49,925	781,966
Net Assets Available for Plan Benefits:										
Beginning of the Year	91,336	1,439	5,283	28,489	26,499	3,607	2,097	32,736	131,317	2,197,437
End of Year	$ 126,921	$ 1,749	$ 9,208	$ 43,873	$ 40,764	$ 3,678	$ 3,463	$ 4,993	$ 181,242	$2,979,403

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NOTE 10 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

The Statement of Changes in net assets available for plan benefits with fund information for the year ended December 31, 2009 is summarized as follows:

	Participant Directed For the Year Ended December 31, 2009							
	John Hancock Lifestyle Conservative	John Hancock Lifestyle Moderate	John Hancock Lifestyle Balanced	John Hancock Lifestyle Growth	John Hancock Lifestyle Aggressive	John Hancock Short Term Federal	John Hancock LM Partners Glb. High Yield	John Hancock T. Rowe Price Equity Line
Investment Income (Loss):								
Net Appreciation (Depreciation) in Fair Value Investments	$ 9,914	$ 5,028	$ 210,522	$ 27,750	$ 18,820	$ 303	$ 8,593	$ 6,114
Total Investment Income (Loss)	9,914	5,028	210,522	27,750	18,820	303	8,593	6,114
Contributions:								
Employer's Contributions	17,715	13,365	198,642	4,257	15,250	23	31	39
Employee Contributions	2,528	2,310	18,594	27,644	4,290	2,867	2,501	4,514
Rollover Contributions	---	2,023	3,371	1,349	---	---	---	---
Participant Loan Repayment	---	175	24,396	125	251	---	1,116	---
Total Contributions	20,243	17,873	245,003	33,375	19,791	2,890	3,648	4,553
Total Additions (Deductions)	30,157	22,901	455,525	61,125	38,611	3,193	12,241	10,667
Deductions from Net Assets Attributed to:								
Distributions and Expenses Allocated to Participants	(9,843)	(35,392)	(147,210)	(24,062)	(76,792)	(6,793)	(871)	(585)
Loan Withdrawals	---	---	(52,297)	---	(4,800)	---	---	---
Total Deductions	(9,843)	(35,392)	(199,507)	(24,062)	(81,592)	(6,793)	(871)	(585)
Transfers and Forfeitures	1,589	651	(31,145)	592	(3,198)	---	---	---
Net Increase (Decrease)	21,903	(11,840)	224,873	37,655	(46,179)	(3,600)	11,370	10,082
Net Assets Available for Plan Benefits:								
Beginning of the Year	38,923	36,857	654,563	80,210	77,543	27,607	14,719	21,588
End of Year	$ 60,826	$ 25,017	$ 879,436	$ 117,865	$ 31,364	$ 24,007	$ 26,089	$ 31,670

A. J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOTE 10 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2009							
	John Hancock Mutual Discovery	John Hancock T. Rowe Price Blue Chip	John Hancock Columbia Value and Restrict	John Hancock American Funds Europacific	John Hancock Explorer	John Hancock Oppenheimer Developing Market	John Hancock T. Rowe Price Sci & Tech	Money Market Fund
Investment Income (Loss):								
Net Appreciation (Depreciation) in Fair Value Investments	$ 1,143	$ 6,545	$ 26,888	$ 1,587	$ 4,824	$ 23,972	$ 20,141	$ (3,286)
Total Investment Income (Loss)	1,143	6,545	26,888	1,587	4,824	23,972	20,141	(3,286)
Contributions:								
Employer's Contributions	88	31	749	301	12	3,671	2,013	65,752
Employee Contribution	1,365	4,771	12,131	917	---	10,654	3,690	6,165
Rollover Contributions	---	---	---	---	---	---	---	---
Participant Loan Repayment	19	383	967	---	2,367	112	631	10,170
Total Contributions	1,472	5,185	13,847	1,218	2,379	14,437	6,334	82,087
Total Additions (Deductions)	2,615	11,730	40,735	2,805	7,203	38,409	26,475	78,801
Deductions from Net Assets Attributed to:								
Distributions and Expenses Allocated to Participants	(1,276)	(982)	(5,865)	(257)	(416)	(14,805)	(4,232)	(92,197)
Loan Withdrawals	(366)	---	(815)	---	---	(2,382)	(347)	(13,075)
Total Deductions	(1,642)	(982)	(6,680)	(257)	(416)	(17,187)	(4,579)	(105,272)
Transfers and Forfeitures	(1)	(26,483)	(5,189)	---	29,935	5,036	(2,584)	(18,789)
Net Increase (Decrease)	972	(15,735)	28,866	2,548	36,722	26,258	19,312	(45,260)
Net Assets Available for Plan Benefits:								
Beginning of the Year	7,010	15,735	65,650	3,050	411	30,203	32,496	300,556
End of Year	$ 7,982	$ ---	$ 94,516	$ 5,598	$ 37,133	$ 56,461	$ 51,808	$ 255,296

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A. J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOTE 10 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2009							
	Investment Quality Bond Fund	500 Index Fund	Small Cap Value Fund	Mid Cap Index Fund	Mid Cap Stock Fund (vs)	Small Cap Value Index	Int'l Small Cap Fund	Blue Chip Growth Fund (VS)
Investment Income (Loss):								
Net Appreciation (Depreciation) in Fair Value Investments	$ 13,714	$ 4,321	$ 279	$ 22,773	$ 390	$ 3	$ 1,870	$ 1,049
Total Investment Income (Loss)	13,714	4,321	279	22,773	390	3	1,870	1,049
Contributions:								
Employer's Contributions	23	327	31	14,958	12	12	84	---
Employee Contribution	10,943	1,450	186	2,894	189	---	1,988	956
Rollover Contributions	---	---	---	---	---	---	---	---
Participant Loan Repayment	1,942	306	---	945	---	---	19	77
Total Contributions	12,908	2,083	217	18,797	201	12	2,091	1,033
Total Additions (Deductions)	26,622	6,404	496	41,570	591	15	3,961	2,082
Deductions from Net Assets Attributed to:								
Distributions and Expenses Allocated to Participants	(460)	(661)	(208)	(1,194)	(376)	(139)	(253)	(75)
Loan Withdrawals	---	---	---	---	---	---	(289)	---
Total Deductions	(460)	(661)	(208)	(1,194)	(376)	(139)	(542)	(75)
Transfers and Forfeitures	1	36	---	---	---	---	(1)	26,482
Net Increase (Decrease)	26,163	5,779	288	40,376	215	(124)	3,418	28,489
Net Assets Available for Plan Benefits:								
Beginning of the Year	120,367	16,180	789	50,960	1,224	124	1,865	---
End of Year	$ 146,530	$ 21,959	$ 1,077	$ 91,336	$ 1,439	$ ---	$ 5,283	$ 28,489

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A. J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOTE 10 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2009					
	3 Year Compound	5 Year Compound	10 Year Compound	Cash	Other	Totals
Investment Income (Loss):						
Net Appreciation (Depreciation) in Fair Value Investments	$ 193	$ 83	$ 41	$ ---	$ 31,051	$ 444,625
Total Investment Income (Loss)	193	83	41	---	31,051	444,625
Contributions:						
Employer's Contributions	20	19	21	---	(74,533)	262,913
Employee Contribution	---	---	852	---	10,929	135,328
Rollover Contributions	---	---	---	---	---	6,743
Participant Loan Repayment	---	---	---	---	(44,001)	---
Total Contributions	20	19	873	---	(107,605)	404,984
Total Additions (Deductions)	213	102	914	---	(76,554)	849,609
Deductions from Net Assets Attributed to:						
Distributions and Expenses Allocated to Participants	(280)	(281)	(283)	---	22,284	(403,504)
Loan Withdrawals	---	---	---	---	74,371	---
Total Deductions	(280)	(281)	(283)	---	96,655	(403,504)
Transfers and Forfeitures	23,217	---	---	24,520	(24,669)	---
Net Increase (Decrease)	23,150	(179)	631	24,520	(4,568)	446,105
Net Assets Available for Plan Benefits:						
Beginning of the Year	3,349	3,786	1,466	8,216	135,885	1,751,332
End of Year	$ 26,499	$ 3,607	$ 2,097	$ 32,736	$ 131,317	$ 2,197,437

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SUPPLEMENTARY FINANCIAL INFORMATION

A.J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
SCHEDULES OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2010

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
JH Lifestyle Conservative	$ 60,826	$ 174,717	$ 117,772	$ 9,297	7.89%
JH Lifestyle Moderate	25,017	89,912	57,465	6,547	11.39%
JH Lifestyle Balanced	879,436	1,132,170	1,005,803	118,799	11.81%
JH Lifestyle Growth	117,865	279,357	198,611	30,523	15.37%
JH Lifestyle Aggressive	31,364	128,664	80,014	13,749	17.18%
JH Short-Term Federal	24,007	25,838	24,923	404	1.62%
JH LM Partners Glb High Yield	26,089	13,165	19,627	2,008	10.23%
JH T Rowe Price Equity Inc	31,670	51,244	41,457	5,996	14.46%
JH Mutual Discovery	7,982	10,501	9,242	871	9.42%
JH Columbia Value & Restruct	94,516	129,763	112,140	18,697	16.67%
JH American Funds Europacific	5,598	4,820	5,209	287	5.51%
JH Explorer	37,133	2,330	19,732	(509)	(2.58)%
JH Oppenheimer Developing Mkt	56,461	63,615	60,038	13,025	21.69%
JH T.Rowe Price Sci & Tech	51,808	109,018	80,413	14,121	17.56%
Money Market Fund	255,296	196,118	225,707	(2,874)	(1.27)%
Investment Qual Bond Fund	146,530	121,139	133,835	7,972	5.96%
500 Index Fund	21,959	29,796	25,878	3,123	12.07%
Small Cap Value Fund	1,077	1,345	1,211	268	22.13%
Mid Cap Index Fund	91,336	126,921	109,129	24,131	22.11%
Mid Cap Stock Fund (VS)	1,439	1,749	1,594	310	19.45%
Intl Small Cap Fund	5,283	9,208	7,246	1,552	21.42%

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401(k) PROFIT SHARING PLAN
SCHEDULES OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2010

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
Blue Chip Growth Fund (VS)	28,489	43,873	36,181	4,758	13.15%
3 Yr Comp	26,499	40,764	33,632	82	0.24%
5 Yr Comp	3,607	3,678	3,643	71	1.95%
10 Yr Comp	2,097	3,463	2,780	49	1.76%
	$2,033,384	$2,793,168	$2,413,282	$ 273,257	11.32%

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A.J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
SCHEDULES OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2009

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
JH Lifestyle Conservative	$ 38,923	$ 60,826	$ 49,875	$ 9,914	19.88%
JH Lifestyle Moderate	36,857	25,017	30,937	5,028	16.25%
JH Lifestyle Balanced	654,563	879,436	767,000	210,522	27.45%
JH Lifestyle Growth	80,210	117,865	99,038	27,750	28.02%
JH Lifestyle Aggressive	77,543	31,364	54,454	18,820	34.56%
JH Short-Term Federal	27,607	24,007	25,807	303	1.17%
JH LM Partners Glb High Yield	14,719	26,089	20,404	8,593	42.11%
JH T Rowe Price Equity Inc	21,588	31,670	26,629	6,114	22.96%
JH Mutual Discovery	7,010	7,982	7,496	1,143	15.25%
JH T.Rowe Price Blue Chip	15,735	- - -	7,868	6,545	83.19%
JH Columbia Value & Restruct	65,650	94,516	80,083	26,888	33.58%
JH American Funds Europacific	3,050	5,598	4,324	1,587	36.70%
JH Explorer	411	37,133	18,772	4,824	25.70%
JH Oppenheimer Developing Mkt	30,203	56,461	43,332	23,972	55.32%
JH T.Rowe Price Sci & Tech	32,496	51,808	42,152	20,141	47.78%
Money Market Fund	300,556	255,296	277,926	(3,286)	(1.18)%
Investment Qual Bond Fund	120,367	146,530	133,449	13,714	10.28%
500 Index Fund	16,180	21,959	19,070	4,321	22.66%
Small Cap Value Fund	789	1,077	933	279	29.90%
Mid Cap Index Fund	50,960	91,336	71,148	22,773	32.01%
Mid Cap Stock Fund (VS)	1,224	1,439	1,332	390	29.28%

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A.J. KIRKWOOD & ASSOCIATES, INC.
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SCHEDULES OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2009

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
Small Cap Value Index	124	- - -	62	3	4.84%
Intl Small Cap Fund	1,865	5,283	3,574	1,870	52.32%
Blue Chip Growth Fund (VS)	- - -	28,489	14,245	1,049	7.36%
3 Yr Comp	3,349	26,499	14,924	193	1.29%
5 Yr Comp	3,786	3,607	3,697	83	2.25%
10 Yr Comp	1,466	2,097	1,782	41	2.30%
	$1,607,231	$2,033,384	$1,820,313	$ 413,574	22.72%

See Accompanying Notes and Accountant's Report

A.J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN

Form 5500
Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
EIN: 33-0707710
Plan Number 001
December 31, 2010

(b) Identify of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Investment Funds:			
JH Lifestyle Conservative	Pooled Separate Accounts	$ 160,622	$ 174,717
JH Lifestyle Moderate	Pooled Separate Accounts	82,293	89,912
JH Lifestyle Balanced	Pooled Separate Accounts	1,001,506	1,132,170
JH Lifestyle Growth	Pooled Separate Accounts	237,162	279,357
JH Lifestyle Aggressive	Pooled Separate Accounts	113,648	128,664
JH Short Term Federal	Pooled Separate Accounts	21,895	25,838
JH LM Partners Glb High Yield	Pooled Separate Accounts	9,832	13,165
JH T. Rowe Price Equity Inc	Pooled Separate Accounts	44,231	51,244
JH Mutual Discovery	Pooled Separate Accounts	9,820	10,501
JH Columbia Value & Restruct	Pooled Separate Accounts	113,457	129,763
JH American Funds Europacific	Pooled Separate Accounts	3,939	4,820
JH Explorer	Pooled Separate Accounts	2,294	2,330
JH Oppenheimer Developing Mkt	Pooled Separate Accounts	38,909	63,615
JH T. Rowe Price Sci & Tech	Pooled Separate Accounts	92,869	109,018
Money Market Fund	Pooled Separate Accounts	194,299	196,118
Investment Qual Bond Fund	Pooled Separate Accounts	102,749	121,139
500 Index Fund	Pooled Separate Accounts	26,276	29,796
Small Cap Value Fund	Pooled Separate Accounts	922	1,345
Mid Cap Index Fund	Pooled Separate Accounts	104,428	126,921
Mid Cap Stock Fund (VS)	Pooled Separate Accounts	1,520	1,749
Intl Small Cap Fund	Pooled Separate Accounts	5,864	9,208
Blue Chip Growth Fund (VS)	Pooled Separate Accounts	37,680	43,873
Total Investment Funds		2,406,215	2,745,263
John Hancock			
3 Year Compound	Guaranteed Accounts	40,650	40,764
5 Year Compound	Guaranteed Accounts	3,573	3,678
10 Year Compound	Guaranteed Accounts	3,294	3,463
Total Guaranteed Accounts		47,517	47,905
Participant Loans	Various Interest Rates	- - -	180,766
Total		$ 2,453,732	$ 2,973,934

See Accompanying Notes and Accountant's Report

A.J. KIRKWOOD & ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN

Form 5500
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See Accompanying Notes and Accountant's Report

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 ☒ 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 A.J. Kirkwood & Associates, Inc.
401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
A. J. Kirkwood & Associates, Inc.

2752 Walnut Avenue

Tustin CA 92780-7025

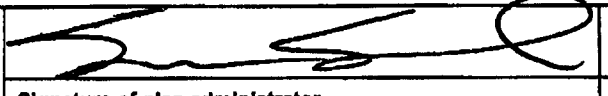
2b Employer Identification Number (EIN) 33-0707710

2c Sponsor's telephone number (714)505-1977

2d Business code (see instructions) 238210

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		9/29/11	Samuel S. Sandoval
	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") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN	
	4c PN	

5 Total number of participants at the beginning of the plan year	**5**	284
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**	275
b Retired or separated participants receiving benefits	**6b**	122
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	397
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	397
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	330
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[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)	[X]	**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)	[X]	**G** (Financial Transaction Schedules)