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
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1997

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

5900 BLACKWELDER STREET
CULVER CITY, CA 90232

2b Employer Identification Number (EIN)
11-3681654

2c Sponsor's telephone number
310-651-9866

2d Business code (see instructions)
812990

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.	10/19/2011	JOY SCHNEIDER
	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")
BW SUPPLIES, LLC

5900 BLACKWELDER STREET
CULVER CITY, CA 90232

3b Administrator's EIN
11-3681654

3c Administrator's telephone number
310-651-9866

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**	1185
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**	975
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	128
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1103
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1103
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	391
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	30
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 2K

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
BW SUPPLIES, LLC 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.
BW SUPPLIES, LLC

D Employer Identification Number (EIN)
11-3681654

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 LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	54018		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
10369	19325

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
DITULLIO AND ASSOC
2659 TOWNSGATE ROAD, #106
WESTLAKE VILLAGE, CA 91631-0000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10369			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
QBI, LLC
21021 VENTURA BLVD., 1ST FLOOR
WOODLAND HILLS, CA 91364

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	17208	TPA FEES PAID	5

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

QBI, LLC
21021 VENTURA BLVD., 1ST FLOOR
WOODLAND HILLS, CA 91364

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	2117	TPA COMPENSATION	5

(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	108153
5	Current value of plan's interest under this contract in separate accounts at year end	5	4251716

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	104933
c	Additions: (1) Contributions deposited during the year	7c(1)	6459		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1988		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	8447
d	Total of balance and additions (add **b** and **c(6)**)			7d	113380
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3407		
	(2) Administration charge made by carrier	7e(2)	638		
	(3) Transferred to separate account	7e(3)	1182		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	5227
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	108153

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	**B** Three-digit plan number (PN) ▶	
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BW SUPPLIES, LLC	11-3681654

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE CO.

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	32638	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a	Name:	**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
BW SUPPLIES, LLC 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
BW SUPPLIES, LLC

D Employer Identification Number (EIN)
11-3681654

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JH INTL GROW

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

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	979

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2015

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

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	2440

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2020

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

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	11359

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2025

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

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	1652

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2030

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

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	1390

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2035

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

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	58544

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2040

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

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	16030

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LC 2045

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

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) 11933

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CONSERV

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

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) 333640

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

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

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) 113474

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BALANCE

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

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) 704337

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

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

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) 778105

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGGRESS

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

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) 362936

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AF CAP WB

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

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) 0

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

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

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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SPECRUM I

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

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) 23633

a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPP INTB

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

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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SM-MD GRTH

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

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) 64933

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

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

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) 1582

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL GRTH

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

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) 41108

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

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

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) 22042

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

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

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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMCP GR IN

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

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) 8309

a Name of MTIA, CCT, PSA, or 103-12 IE: JH US SML CAP

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

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) 1221

a Name of MTIA, CCT, PSA, or 103-12 IE: JH INTL VAL

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

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) 3601

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SCI TECH

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

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) 127908

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DEVELP MKT

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

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) 103075

a Name of MTIA, CCT, PSA, or 103-12 IE: JH HIGH YIELD

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

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) 7990

a Name of MTIA, CCT, PSA, or 103-12 IE: JH REAL RTRN

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

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) 5259

a Name of MTIA, CCT, PSA, or 103-12 IE: JH GLOBAL BD

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

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) 501

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TOTAL RETN

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

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) 29542

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

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

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) 13512

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

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

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) 233

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AF AM BAL

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

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) 12134

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AF ICA

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

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) 1791

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

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

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) 4080

a Name of MTIA, CCT, PSA, or 103-12 IE: JH AF WASHMUT

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

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) 5405

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

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

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) 62028

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TRP EQ INC

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

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) 25309

a Name of MTIA, CCT, PSA, or 103-12 IE: JH NY VENTURE

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

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) 30793

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

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

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) 26136

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

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

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) 55022

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

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

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) 23315

a Name of MTIA, CCT, PSA, or 103-12 IE: JH JENN GRWTH

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

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) 0

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

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

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) 9799

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LG CAP VAL

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

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) 22054

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

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

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) 5435

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS RESTS

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

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) 17432

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS ALL GR

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

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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JH IDX INTL

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

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) 9791

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS MC VL

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

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) 33106

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS IT VL

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

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) 113439

a Name of MTIA, CCT, PSA, or 103-12 IE: JH IDX SMALL

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

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) 16423

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS SCTEC

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

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) 2323

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS INTL OP

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

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) 4238

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS INTSM

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

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) 573

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DOMINI SOC

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

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) 6003

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS ALLCPVL

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

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) 6454

a Name of MTIA, CCT, PSA, or 103-12 IE: JH EMERG MK

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

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) 5965

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS CAP APP

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

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) 85370

a Name of MTIA, CCT, PSA, or 103-12 IE: JH IDX TOTAL

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

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) 16054

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS BLUCP

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

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) 78136

a Name of MTIA, CCT, PSA, or 103-12 IE: JH IDX MID

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

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) 23115

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS MIDVAL

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

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) 5470

a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPT ALLCP

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

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) 38099

a Name of MTIA, CCT, PSA, or 103-12 IE: JH SM OPPS

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

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) 2433

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS SML VAL

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

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) 3703

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

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

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) 16285

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

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

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) 96711

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

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

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) 798

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

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

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) 2284

a Name of MTIA, CCT, PSA, or 103-12 IE: JH BAL SHEET

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

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) 37499

a Name of MTIA, CCT, PSA, or 103-12 IE: JH JPM MCVALU

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

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) 3746

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VAL & REST

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

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) 26480

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

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

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) 22264

a Name of MTIA, CCT, PSA, or 103-12 IE: JH HEALTH SCI

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

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) 3128

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LMC AGG GR

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

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) 2403

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

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

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) 2521

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

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

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) 2309

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

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

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) 328295

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS COR BND

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

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) 32363

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS REAL RT

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

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) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS GL BD

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

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) 188

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TOT BMKT

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

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) 522

a Name of MTIA, CCT, PSA, or 103-12 IE: JH IDX 500

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

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) 47125

a Name of MTIA, CCT, PSA, or 103-12 IE: JH OPT VALUE

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

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) 9102

a Name of MTIA, CCT, PSA, or 103-12 IE: JH VS LRG CAP

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

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) 4043

a Name of MTIA, CCT, PSA, or 103-12 IE: VS IN QB

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

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) 3857

a Name of MTIA, CCT, PSA, or 103-12 IE: VS STR INC

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

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) 2957

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

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

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) 4140

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:

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
BW SUPPLIES, LLC 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
BW SUPPLIES, LLC

D Employer Identification Number (EIN)
11-3681654

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	3386	1249
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	167510	253306
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)	3909850	4251716
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities	1c(12)	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)	104933	108153
(15) Other	1c(15)	0	

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4185679	4614424
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	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	4185679	4614424

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)		
	(B) Participants	2a(1)(B)	284642	
	(C) Others (including rollovers)	2a(1)(C)	2041	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		286683
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	13257	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	1988	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15245
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		493326
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		795254
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	314728	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		314728
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1957
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	13081	
(3) Investment advisory and management fees	2i(3)	32638	
(4) Other	2i(4)	4105	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		49824
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		366509
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		428745
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FRITH-SMITH & ARCHIBALD, LLP (2) EIN: 95-4714778

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		328252
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		150000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

BW SUPPLIES, LLC
401(k) PROFIT SHARING PLAN

AUDITED FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2010 and 2009

FRITH-SMITH & ARCHIBALD, LLP CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
The BW Supplies, LLC 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of the BW Supplies, LLC 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedules as of and for the year ended December 31, 2010. 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, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Frith-Smith & Archibald, LLP

Woodland Hills, California
October 17, 2011

BW Supplies, LLC
401(k) Profit Sharing Plan
Statement of Net Assets Available for Benefits

	December 31,	
	2010	**2009**
ASSETS:		
Participant-directed investments, at fair value:		
Pooled separate accounts - mutual funds	$ 4,251,716	$ 3,909,850
Unallocated insurance contracts	108,153	104,933
Total investments	4,359,869	4,014,783
Cash account	1,249	3,386
Participant loans	253,306	167,510
Interest receivable - lost earnings	4,367	
Total assets	4,618,791	4,185,679
LIABILITIES:		
Excess contributions payable	3,290	
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 4,615,501	$ 4,185,679

See independent auditor's report and accompanying notes.

BW Supplies, LLC
401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2010

ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	$	493,326
Interest from unallocated insurance contracts		1,988
Interest - lost earnings		4,367
Total investment income		499,681
Contributions:		
Participants		284,642
Rollovers		2,041
Total contributions		286,683
Participant loan interest		13,257
Total additions		799,621
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants		319,975
Administrative expenses		49,824
Total deductions		369,799
Net Increase		429,822
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year		4,185,679
End of year	$	4,615,501

See independent auditor's report and accompanying notes.

BW Supplies, LLC
401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2010 and 2009

1. DESCRIPTION OF PLAN

The BW Supplies, LLC 401(k) Profit Sharing Plan (the Plan) was formed on June 1, 1997. The following description of the Plan is for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of BW Supplies, LLC, and employees of Burke Williams and its subsidiaries except for certain members of a collective bargaining unit and non-resident aliens. Employees who have completed six consecutive months of service and attained age 18 or older are eligible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants may contribute from 1% to 100% of their pre-tax annual compensation up to the amount that is limited by the Internal Revenue Service. The IRS limit for 2010 is $16,500 and the catch up contribution limit for age 50 or older is $5,500. The Company may make matching and discretionary contributions on behalf of each eligible participant at a certain percentage or a dollar amount determined by the Company each year. There were no company matching contributions made during the year.

Participant Accounts - Each participant account is credited with the participant's contributions and allocations of the Company's contribution and plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Rollover Contributions - Rollover contributions from other qualified plans are allowed.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's contribution portion of the participants' accounts and actual earnings in the Plan is based on the following schedule:

Years of service completed	Vesting Percentage
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Participants become fully vested, regardless of the vesting table, upon reaching the normal retirement age of 65, and also upon death or disability prior to termination of employment.

Withdrawals – Participants may withdraw funds in the event of termination of their employment, retirement, death, or permanent disability. Participants may also receive a distribution from the Plan prior to their termination of employment and they can withdraw from the Plan in the event of financial hardship if they satisfy certain conditions. Generally, participants may request a pre-retirement withdrawal or a hardship distribution from their fully vested accounts in the Plan. The amount of hardship distribution cannot exceed the amount needed to meet the immediate financial hardship. In addition, the distribution will be limited to the amount of a participant's contributions. Participants may be entitled to receive a pre-retirement distribution if he or she has reached age 59½. There were no hardship distributions during the year.

Loans to Participants - The Plan has adopted a loan program to provide loans to plan participants. Loans are available to all participants on a reasonable, equivalent basis. They also bear reasonable rates of interest and are adequately secured. The maximum amount of which a loan may be made is the lesser of $50,000 or 50% of vested interest of the participant in the Plan. The maximum amount of $50,000 will be reduced by a participant's highest outstanding loan balance in the previous twelve months even if amounts have been repaid. The minimum amount of any loan is $1,000. All loans are required to be repaid within 5 years of the date of the loan. However, if a loan is for the purchase of a principal residence, a longer repayment period may be permitted.

Payment of Benefits - On termination of service, 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.

Mandatory Cash-out – If the value of a participant's vested account balance, determined as of a date following the participant's date of termination of employment, is $5,000 or less, the participant will receive an immediate cash-out of the vested account balance as soon as administratively feasible and no further benefits will be payable from the Plan.

Automatic Rollovers - In the event of a mandatory non-consensual cash-out distribution greater than $1,000, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, then the plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator.

Tax Status - The Internal Revenue Service has determined and informed the Company by a letter that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Plan Termination - Although the Company has not expressed any intention to do so, the employer has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of any termination of the Plan, or upon complete or partial discontinuance of contributions, the accounts of each participant shall become fully vested and non-forfeitable.

Forfeited Accounts – Forfeited non-vested amounts may be used to reduce administrative expenses of the Plan, then any remaining forfeitures shall be applied to reduce employer contributions. As of December 31, 2010 and 2009 the ending balances were $1,249 and $3,386 respectively. For the year ended December 31, 2010, $13,081 was used to reduce the plan administration fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Securities traded on the national securities exchange are valued at the last reported sales price on the last business day of the plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported in on that date are valued at the average of the last reported bid and asked prices. The Custodian reports interest, dividends, and the related fees and charges in the net appreciation or depreciation in fair value of investments. Purchases and sales of securities are recorded on a trade-date basis.

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

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Investment expenses and transaction fees such as withdrawal fees and annual loan maintenance fees are paid by the Plan, netted against investment earnings. During the year, total administrative expenses paid by the Plan were $36,743.

Annual administration fees and compliance fees for $13,081 were also paid by the Plan. The amount was paid out of the Company's forfeiture account. See the forfeiture accounts footnote on top of this page.

Loan origination fees are charged to the participants who are receiving the loan payments and are netted against the loan payments made to the participants.

3. RELATED-PARTY TRANSACTIONS

Certain plan investments are invested in shares of mutual funds and in insurance annuity contracts managed by the Custodian. Therefore, these transactions qualify as party-in-interest.

4. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

At December 31, 2010 and 2009, the Plan's investments were held by the Custodian. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Custodian as complete and accurate in accordance with Section 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 fair value of investments at December 31, 2010 and 2009, as reported by the custodian is summarized as follows:

	As of December 31,	
	2010	2009
Mutual funds:		
Large growth fund	$ 2,643,030	$ 2,415,669
Large value fund	764,360	636,866
Equity income fund	328,295	369,036
Mid growth fund	216,254	173,655
Mid value fund	120,368	101,712
Bond fund	102,346	152,812
Small growth fund	51,849	40,030
Small value fund	25,214	20,070
Insurance contracts	108,153	104,933
	$ 4,359,869	$ 4,014,783

During 2010, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $458,571, net of administrative expenses $36,743.

	For the year ended December 31, 2010
Net appreciation in fair value of investments:	
Large growth fund	$ 307,047
Large value fund	70,340
Equity income fund	(4,121)
Mid growth fund	38,197
Mid value fund	21,785
Bond fund	8,798
Small growth fund	9,992
Small value fund	5,184
Insurance contracts	1,349
	$ 458,571

5. INVESTMENTS

The following represents investments at December 31, 2010 and 2009 that represent 5 percent or more of the Plan's net assets.

	December 31,	
	2010	**2009**
Lifestyle Growth	$ 778,105	$ 694,948
Lifestyle Balanced	704,337	616,143
Lifestyle Aggressive	362,936	340,908
Lifestyle Conservative	333,640	281,686
Money Market Fund	328,295	369,036

6. FAIR VALUE MEASUREMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2010 and 2009.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2010 and 2009.

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

Insurance contracts (guaranteed accounts): Fair value of this investment contract, prior to contract termination, equals the contract value. Contract value is determined using a discounted cash flow valuation methodology where the interest rate for this portfolio investment contract is reset at least as frequently as annually.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
				$
Large growth fund	$ 2,643,030			2,643,030
Large value fund	764,360			764,360
Equity income fund	328,295			328,295
Mid growth fund	216,254			216,254
Mid value fund	120,368			120,368
Bond fund	102,346			102,346
Small growth fund	51,849			51,849
Small value fund	25,214			25,214
Insurance contracts		$ 108,153		108,153
	$ 4,251,716	$ 108,153		$ 4,359,869

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large growth fund	$ 2,415,669			$ 2,415,669
Large value fund	636,866			636,866
Equity income fund	369,036			369,036
Mid growth fund	173,655			173,655
Mid value fund	101,712			101,712
Bond fund	152,812			152,812
Small growth fund	40,030			40,030
Small value fund	20,070			20,070
Insurance contracts		$ 104,933		104,933
	$ 3,909,850	$ 104,933		$ 4,014,783

7. INVESTMENT IN INSURANCE CONTRACTS

The Plan has insurance contracts with John Hancock Life Insurance Company, the Custodian, and they are not fully benefit-responsive investment contracts. The Custodian maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Custodian is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but not less than 0%. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the contract will track current market yields on a trailing basis.

8. RISKS AND UNCERTAINTIES

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

9. REFUNDS OF EXCESS CONTRIBUTIONS

To be in compliance with the IRS Non-Discrimination Rules for ERISA eligibility based on ratios of highly-compensated employee benefit amounts to non-highly-compensated employee benefit amounts, the excess contributions from 2010 for $3,290 need to be refunded the related highly-compensated employee as of December 31, 2010. The refund payment was made in October, 2011.

10. PROHIBITED TRANSACTIONS

As required by ERISA section 2510-102, the plan sponsor is required to segregate and remit employee contributions and loan repayments to the Plan as soon as practicable, but not more than 5 business days following the date the payroll checks were issued. Employee contributions and loan repayments for 25 pay periods were not transferred to the plan in a timely manner. The majority of 2010 employee contributions and loan repayments in total of $247,036 were remitted to the Plan on January 19, 2011. The Custodian included the employee contribution portion of this amount in the investment assets as of December 31, 2010, therefore this amount is not reported as receivable but reported as the assets held at year end in the financial statements. Since participant loans are self transactions, loans receivable are reduced by the loan repayments resulting in no changes in net assets. Therefore, the 2010 loan repayments which were received by the Plan on January 19, 2011 are not accrued as receivable as of December 31, 2010.

The lost earnings for the 2010 late deposits for $4,367 were remitted to the Plan in several payments during 2011.

11. SUBSEQUENT EVENTS

For the year-ended December 31, 2010, the Plan has evaluated subsequent events for potential recognition and disclosure through October 17, 2011, the date the financial statements were available to be issued.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

	As of December 31, 2010
Net assets available for plan benefits per the financial statements	$ 4,615,501
Lost earnings receivable	(4,367)
Excess contributions payable	3,290
Net assets available for plan benefits per the form 5500	$ 4,614,424

	For the Year Ended December 31, 2010
Net increase per financial statements	$ 429,822
Lost earnings receivable at 12/31/10	(4,367)
Corrective distributions	3,290
Net increase per Form 5500	$ 428,745

SUPPLEMENTARY INFORMATION

BW Supplies, LLC
401(k) Profit Sharing Plan
Supplemental Notes to Financial Statements
December 31, 2010

1. Form 5500 Schedule H, Part IV, line 4i – Schedule of assets held at end of year

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value at 12/31/10
*	John Hancock Life Insurance Co.	Lifestyle Growth		$ 778,105
*	John Hancock Life Insurance Co.	Lifestyle Balanced		704,337
*	John Hancock Life Insurance Co.	Lifestyle Aggressive		362,936
*	John Hancock Life Insurance Co.	Lifestyle Conservative		333,640
*	John Hancock Life Insurance Co.	Money Market Fund		328,295
*	John Hancock Life Insurance Co.	Science & Technology Fund		127,908
*	John Hancock Life Insurance Co.	Lifestyle Moderate		113,474
*	John Hancock Life Insurance Co.	International Value Fund		113,439
*	John Hancock Life Insurance Co.	Opp Developing Market Fund		103,075
*	John Hancock Life Insurance Co.	Energy		96,711
*	John Hancock Life Insurance Co.	3 year compound		92,081
*	John Hancock Life Insurance Co.	Capital Appreciation Fund		85,370
*	John Hancock Life Insurance Co.	Blue Chip Growth Fund		78,136
*	John Hancock Life Insurance Co.	Franklin Small-Mid Growth		64,933
*	John Hancock Life Insurance Co.	Mutual Beacon		62,028
*	John Hancock Life Insurance Co.	Retirement Living at 2035		58,544
*	John Hancock Life Insurance Co.	Fidelity Contra Fund		55,022
*	John Hancock Life Insurance Co.	500 Index Fund		47,125
*	John Hancock Life Insurance Co.	Inv Small Cap Growth		41,107
*	John Hancock Life Insurance Co.	Optimized All Cap Fund		38,099
*	John Hancock Life Insurance Co.	Franklin Balance Sheet		37,499
*	John Hancock Life Insurance Co.	Mid Cap Stock Fund		33,106
*	John Hancock Life Insurance Co.	Core Bond Fund		32,363
*	John Hancock Life Insurance Co.	NY Venture		30,793
*	John Hancock Life Insurance Co.	PIMCO Total Return		29,542
*	John Hancock Life Insurance Co.	Columbia Value & Restructuring		26,480
*	John Hancock Life Insurance Co.	Mutual Global Discovery		26,136
*	John Hancock Life Insurance Co.	T. Rowe Price Equity Inc		25,309
*	John Hancock Life Insurance Co.	T. Rowe Price Spectrum Inc.		23,632
*	John Hancock Life Insurance Co.	The Growth Fund of America		23,316
*	John Hancock Life Insurance Co.	Mid Cap Index Fund		23,115
*	John Hancock Life Insurance Co.	EuroPacific Growth Fund		22,264
*	John Hancock Life Insurance Co.	LG Cap value		22,053
*	John Hancock Life Insurance Co.	American Century Vista		22,042
*	John Hancock Life Insurance Co.	Real Estate Securities Fund		17,432
*	John Hancock Life Insurance Co.	Small Cap Index Fund		16,423
*	John Hancock Life Insurance Co.	Global		16,285
*	John Hancock Life Insurance Co.	Total Stock Market Index Fund		16,054

BW Supplies, LLC
401(k) Profit Sharing Plan
Supplemental Notes to Financial Statements
December 31, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value at 12/31/10
*	John Hancock Life Insurance Co.	Retirement Living at 2040		16,030
*	John Hancock Life Insurance Co.	Short-Term Federal		13,513
*	John Hancock Life Insurance Co.	5 year compound		12,596
*	John Hancock Life Insurance Co.	American Balanced Fund		12,134
*	John Hancock Life Insurance Co.	Retirement Living at 2045		11,933
*	John Hancock Life Insurance Co.	Retirement Living at 2020		11,359
*	John Hancock Life Insurance Co.	Templeton World		9,799
*	John Hancock Life Insurance Co.	International Equity Index Fund		9,791
*	John Hancock Life Insurance Co.	Optimized Value Fund		9,102
*	John Hancock Life Insurance Co.	Small Cap Growth Index		8,309
*	John Hancock Life Insurance Co.	High Yield Fund		7,990
*	John Hancock Life Insurance Co.	All Cap Value Fund		6,454
*	John Hancock Life Insurance Co.	Domini Social Equity		6,003
*	John Hancock Life Insurance Co.	DFA Emerging Markets Value		5,965
*	John Hancock Life Insurance Co.	Mid Value Fund		5,470
*	John Hancock Life Insurance Co.	Utilities		5,435
*	John Hancock Life Insurance Co.	Washington Mutual Investors		5,405
*	John Hancock Life Insurance Co.	Real Return Bond Fund		5,259
*	John Hancock Life Insurance Co.	Oppenheimer International Bond		4,238
*	John Hancock Life Insurance Co.	LM Western Asset Global High Yield		4,140
*	John Hancock Life Insurance Co.	BlackRock Global Allocation		4,080
*	John Hancock Life Insurance Co.	Large Cap Fund		4,043
*	John Hancock Life Insurance Co.	Investment Qual Bond Fund		3,857
*	John Hancock Life Insurance Co.	JMP MidCap Value fund		3,746
*	John Hancock Life Insurance Co.	Small Cap Value Fund		3,703
*	John Hancock Life Insurance Co.	DFA International Value		3,601
*	John Hancock Life Insurance Co.	10 year compund		3,476
*	John Hancock Life Insurance Co.	T. Rowe Price Health Sci		3,128
*	John Hancock Life Insurance Co.	John Hancock Strategic Inc		2,957
*	John Hancock Life Insurance Co.	Davis Financial		2,521
*	John Hancock Life Insurance Co.	Retirement Living at 2015		2,440
*	John Hancock Life Insurance Co.	Small Cap Opportunities Fund		2,433
*	John Hancock Life Insurance Co.	Legg Mason ClearBr Agg Growth		2,403
*	John Hancock Life Insurance Co.	T. Rowe Price Sci & Tech		2,323
*	John Hancock Life Insurance Co.	Fidelity Advisor Gold Fund		2,309
*	John Hancock Life Insurance Co.	Royce Opportunity		2,285
*	John Hancock Life Insurance Co.	Investment Company of America		1,791
*	John Hancock Life Insurance Co.	Retirement Living at 2025		1,652

BW Supplies, LLC
401(k) Profit Sharing Plan
Supplemental Notes to Financial Statements
December 31, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value at 12/31/10
*	John Hancock Life Insurance Co.	Explorer		1,582
*	John Hancock Life Insurance Co.	Retirement Living at 2030		1,390
*	John Hancock Life Insurance Co.	DFA U.S. Small Cap Fund		1,221
*	John Hancock Life Insurance Co.	John Hancock International Growth		979
*	John Hancock Life Insurance Co.	RiverSource Mid Cap Value		798
*	John Hancock Life Insurance Co.	International Small Cap Fund		573
*	John Hancock Life Insurance Co.	Total Bond Market Fund		522
*	John Hancock Life Insurance Co.	Global Bond Fund		501
*	John Hancock Life Insurance Co.	PIMCO All Asset		233
*	John Hancock Life Insurance Co.	PIMCO Global Bond		188
				4,359,869
*	John Hancock Life Insurance Co.	Cash account		1,249
	Participant loans	5.25%		253,306
	Lost earnings receivable			4,367
	Excess contributions payable			(3,290)
				$4,615,501

BW Supplies, LLC
401(k) Profit Sharing Plan
Supplemental Notes to Financial Statements
December 31, 2010

2. Form 5500, Schedule H, line 4a
Schedule of Delinquent Participant Contributions and Loan Repayments

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2010 Contributions & loan repayments $328,252 2010 Lost earnings $4,367	$ 4,367	$328,252		

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
BW Supplies, LLC 401(k) Profit Sharing Plan

Employer Identification Number
11-3681654

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	John Hancock USA	Jh Templeton World		
*	John Hancock USA	JH Jennison Growth		
*	John Hancock USA	Lifecycle 2030		
*	John Hancock USA	Optimized All Cap Fund		
*	John Hancock USA	Lifecycle 2020		
*	John Hancock USA	JH Fidelity ContraFund		
*	John Hancock USA	Lifecycle 2015		
*	John Hancock USA	Total Stock Market Index Fund		
*	John Hancock USA	Plan Forfeitures		
*	John Hancock USA	JH AF CAP WB		
*	John Hancock USA	JH BlackRock Large Value		
*	John Hancock USA	JH Domini Social Equity		
*	John Hancock USA	JH VS Intl OP		
*	John Hancock USA	JH MFS Utilities		
*	JOhn Hancock USA	JH VS Science Tech		
*	John Hancock USA	Small Cap Opportunities Fund		
*	John Hancock USA	JH VS Restructuring		
*	John Hancock USA	Small Cap Value Fund		
*	JOhn Hancock USA	Small Cap Growth Index		
*	John Hancock USA	JH RiverSource Mid Cap Value		
*	John Hancock USA	MId Cap Value Fund		
*	John Hancock USA	All Cap Growth Fund		
*	John Hancock USA	International Small Cap Fund		
*	John Hancock USA	JH Mutual Discovery		
*	John Hancock USA	JH Franklin Balance Sheet		
*	John Hancock USA	JH Opp Intb		
*	John Hancock USA	Columbia Value & Restructuring		
*	John Hancock USA	JH Mutual Beacon		
*	John Hancock USA	500 Index Fund		
*	John Hancock USA	JH Davis New York Venture		
*	John Hancock USA	JH VS Blue Chip		
*	John Hancock USA	Optimized Value Fund		
*	John Hancock USA	JH Brglball		
*	John Hancock USA	JH T. Rowe Price Equity Inc		
*	John hancock USA	All Cap Value Fund		
*	John Hancock USA	JPM MidCap Value Fund		
*	John Hancock USA	JH PIMCO All Asset		
*	John Hancock USA	JH VS Capital Appreciation		
*	John Hancock USA	JH LM Partners Glb High Yield		

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
BW Supplies, LLC 401(k) Profit Sharing Plan

Employer Identification Number
11-3681654

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	John Hancock USA	JH John Hancock Strategic INc		
*	John Hancock USA	JH T. Rowe Price Spectrum Inc.		
*	John Hancock USA	JH Financial		
*	John Hancock USA	JH PIMCO Total Return		
*	John Hancock USA	JH PIMCO Real Return		
*	John Hancock USA	JH Short-Term Federal		
*	John Hancock USA	Money Market Fund		
*	JOhn Hancock USA	Various Participant Loans		
*	John Hancock USA	3 year Guaranteed		
*	John Hancock USA	5 year Guaranteed		
*	John Hancock USA	10 year Guaranteed		
*	John Hancock USA	Jh US SML CAP		

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
BW Supplies, LLC 401(k) Profit Sharing Plan

Employer Identification Number
11-3681654

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	John Hancock USA	JH Lifecycle 2045		
*	John Hancock USA	JH Lifecycle 2040		
*	John Hancock USA	Jh Lifecycle 2035		
*	John Hancock USA	JH Lifecycle 2025		
*	John Hancock USA	JH Lifestyle Aggressive		
*	John Hancock USA	JH Lifestyle Growth		
*	John Hancock USA	JH Lifestyle Balanced		
*	John Hancock USA	Jh Lifestyle Moderate		
*	John Hancock USA	JH Lifestyle Conservative		
*	John Hancock USA	JH VS Large Cap		
*	John Hancock USA	JH T. Rowe Price Sci & Tech		
*	John Hancock USA	JH Oppenheimer Developing Mkt		
*	John Hancock USA	JH DFA Emerging Markets Value		
*	John Hancock USA	JH T. Rowe Price Health Sci		
*	John Hancock USA	American Balanced Fund		
*	John Hancock USA	JH AIM Small Cap Growth		
*	John Hancock USA	JH Explorer		
*	John Hancock USA	JH Franklin Small-Mid Growth		
*	John Hancock USA	JH Royce Opportunity		
*	John Hancock USA	Small Cap Index Fund		
*	John Hancock USA	JH VS Global Bond		
*	John Hancock USA	JH American Century Vista		
*	John Hancock USA	Washington Mutual Investors		
*	John Hancock USA	JH AF Growth		
*	John Hancock USA	Jh Legg Partners Agg Growth		
*	John Hancock USA	Mid Cap Stock Fund		
*	John Hancock USA	Jh Energy		
*	John Hancock USA	Investment Company of America		
*	John Hancock USA	JH VS Real Return		
*	John Hancock USA	JH VS Core Bond		
*	John Hancock USA	Global Bond Fund		
*	John Hancock USA	JH John Hancock Intl Growth		
*	John Hancock USA	Intl Equity Index Fund		
*	John Hancock USA	JH DFA International Value		
*	John Hancock USA	JH American Funds EuroPacific		
*	John Hancock USA	International Value Fund		
*	John Hancock USA	Jh Oppenheimer Global		
*	John Hancock USA	Total Bond Market Fund		
*	John Hancock USA	Mid Cap Index Fund		

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2010 and Ending 12/31/2010

Name of Plan: BW Supplies, LLC 401(k) Profit Sharing Plan

Employer Identification Number: 11-3681654 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$328,252	$0	$328,252	$0	$0