

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>EDO CORPORATION EMPLOYEE INVESTMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1975</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1975</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1975</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>EDO CORPORATION</u> <u>1500 NEW HORIZONS BLVD</u> <u>NORTH AMITYVILLE, NY 11701</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>11-0707740</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>631-630-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-0707740</u>	2c Sponsor's telephone number <u>631-630-4000</u>	2d Business code (see instructions) <u>336410</u>	
2b Employer Identification Number (EIN) <u>11-0707740</u>					
2c Sponsor's telephone number <u>631-630-4000</u>					
2d Business code (see instructions) <u>336410</u>					

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.	10/20/2011	JEAN TROUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/20/2011	JANICE KLETTNER
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EDO CORPORATION 1500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701	3b Administrator's EIN 11-0707740 3c Administrator's telephone number 631-630-4000
--	---

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	3998
---	----------	------

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	3058
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	1299
d Subtotal. Add lines 6a , 6b , and 6c	6d	4357
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	4360
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	3873
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	243

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 2F 3F

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EDO CORPORATION EMPLOYEE INVESTMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500. EDO CORPORATION	D Employer Identification Number (EIN) 11-0707740	

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 PRINCIPAL 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
42-0127290	61271	4-50248	4360	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	92204445

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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

<div>A Name of plan</div> <div>EDO CORPORATION EMPLOYEE INVESTMENT PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>EDO CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>11-0707740</div>

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

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

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

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

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

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

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

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

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

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

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

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

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	45662	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EDO CORPORATION EMPLOYEE INVESTMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EDO CORPORATION	D Employer Identification Number (EIN) 11-0707740	
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: KEYBANK EB MGB GUAR INV CONTRACT		
b Name of sponsor of entity listed in (a): VICTORY FUNDS		
c EIN-PN 34-6903863-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144010649
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL DIVERS INTL SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4153471
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCP S&P 500 IND SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22309495
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROP SEP ACT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5965080
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL SMCAP VALUE SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-031	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1070753
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-043	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7209829
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP VALUE III SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12782943

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE II SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-069	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: PRINCIPAL LIFETM 2010 SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4668521
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2020 SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12121908
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2030 SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10785825
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2040 SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6455945
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2050 SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3640125
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STR INC SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1040550
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EDO CORPORATION EMPLOYEE INVESTMENT PLAN	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 EDO CORPORATION	D Employer Identification Number (EIN) 11-0707740	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3281827	2967131
(2) Participant contributions	1b(2)	31628	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3829482	3819066
(9) Value of interest in common/collective trusts.....	1c(9)	148036670	144010649
(10) Value of interest in pooled separate accounts.....	1c(10)	73344416	92204445
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	121491330	168179572
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	350015353	411180863

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	350015353	411180863
---	-----------	-----------	-----------

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)	6186376	
(B) Participants	2a(1)(B)	17725854	
(C) Others (including rollovers)	2a(1)(C)	479178	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		24391408
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	241052	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		241052
(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)	3174765	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3174765
(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)		11804045
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		14754416
(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)		32457960
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		86823646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25606291	
(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)		25606291
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		5887
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	27725	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	18233	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		45958
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		25658136

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		61165510
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BUCHBINDER TUNICK & COMPANY LLP

(2) EIN: 13-1578842

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.).....	X		15713
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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>EDO CORPORATION EMPLOYEE INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EDO CORPORATION</u>	D Employer Identification Number (EIN) <u>11-0707740</u>	

Part I	Distributions
---------------	----------------------

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

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

1	<u>0</u>
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290

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

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

3	
----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

11

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Financial Statements
and
Supplemental Schedules
For the Years Ended December 31, 2009 and 2008

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Financial Statements and Supplemental Schedules
For the Years Ended December 31, 2009 and 2008

INDEX

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2009	3
Notes to Financial Statements	4 - 16
Supplemental Schedules	
Schedule of Assets (Held at End of Year) as of December 31, 2009	17
Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2009	18



BUCHBINDER TUNICK & COMPANY LLP

CERTIFIED PUBLIC ACCOUNTANTS

6116 EXECUTIVE BOULEVARD • SUITE 201 • ROCKVILLE, MD 20852-4920

301-770-9110 • FAX 301-881-3699

INDEPENDENT AUDITOR'S REPORT

The Trustees of the
EDO Corporation Employee Investment Plan

We were engaged to audit the accompanying statements of net assets available for benefits of EDO Corporation Employee Investment Plan (Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009 and the supplemental schedule of delinquent participant contributions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Principal Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Buchbinder Tunick & Company LLP

BUCHBINDER TUNICK & COMPANY LLP

Rockville, Maryland

September 10, 2010, except for Note 13, as to which the date is June 17, 2011

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009 (restated)	2008
Assets:		
Registered investment companies	\$ 168,179,572	\$ 121,491,330
Common collective trust	144,010,649	148,036,670
Pooled separate accounts	92,204,445	73,344,416
Participant loans	3,819,066	3,829,482
	<hr/>	<hr/>
Total Investments	408,213,732	346,701,898
Employer contribution receivable	2,967,131	3,281,827
Participant elective contribution receivable	-	31,628
	<hr/>	<hr/>
Total assets	411,180,863	350,015,353
	<hr/>	<hr/>
Liabilities:	-	-
	<hr/>	<hr/>
Net assets available for benefits at fair value	411,180,863	350,015,353
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	620,800	7,787,734
	<hr/>	<hr/>
Net assets available for benefits	\$ 411,801,663	\$ 357,803,087
	<hr/> <hr/>	<hr/> <hr/>

See notes to financial statements.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

Additions to net assets attributed to:

Investment income:

Net income from common collective trust	\$ 4,637,111
Net gain from pooled separate accounts	14,754,416
Net gain from registered investment companies	35,632,725
Interest from participant loans	<u>241,052</u>
Total investment income	55,265,304

Contributions:

Employer contributions	6,186,376
Participant elective contributions	17,725,854
Participant rollover contributions	<u>479,178</u>
Total additions	<u>79,656,712</u>

Deductions from net assets attributed to:

Distribution to participants	25,612,178
Administrative commissions and fees	<u>45,958</u>
Total deductions	<u>25,658,136</u>
Net increase	53,998,576

Net assets available for benefits, beginning of year	<u>357,803,087</u>
--	--------------------

Net assets available for benefits, end of year	<u><u>\$ 411,801,663</u></u>
--	------------------------------

See notes to financial statements.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements
December 31, 2009 and 2008

Note 1 - Description of Plan

The following brief description of EDO Corporation Employee Investment Plan (Plan) is provided for general information 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 employees of EDO Corporation (Company) and is subject to the provisions for the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Employees generally become eligible for participation on the first month following a full month of service with 100% vesting upon completion of 36 months of service.

The Plan is a profit sharing plan intended to satisfy all requirements of Section 401(a) of the Internal Revenue Code (Code) and includes a cash or deferred arrangement intended to satisfy the requirements of Section 401(k) of the Code.

Plan Amendment

Effective December 31, 2009, the Plan will be frozen with respect to eligibility to participate and contributions. In addition, as of December 31, 2009, all participants are fully vested.

Forfeitures

At December 31, 2009 and 2008 forfeited non-vested accounts totaled \$320,630 and \$397,498, respectively. These accounts are used to offset future company contributions and pay plan expenses.

Contributions

Elective contributions represent amounts paid by the employer, at the election of the employee, in lieu of cash compensation and include contributions that are made pursuant to a salary reduction agreement. The Plan also accepts qualified participant rollover contributions.

The employer shall make a matching contribution on behalf of each participant who elects to contribute to the Plan.

Benefits

The purpose of the Plan is to provide retirement benefits to employees of the Company who make contributions to the Plan through a salary reduction agreement. The Plan was adapted to provide an opportunity for participating employees to benefit from tax-deferred savings in accordance with Section 401(k) of the Code, in addition to any benefits otherwise provided by the Plan.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 1 - Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. 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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service and is determined as follows:

<u>Years of service</u>	<u>Vested Percent</u>
Less than 3	0%
3	100%

As of December 31, 2009 all participants are fully vested per new plan amendment.

Participant Loans

Under the terms of the Plan, participants may borrow from their accounts up to \$50,000 or 50%, whichever is less, of their vested balances. The interest rate charged by the Plan is based on the prime rate plus 1%, as published in the Wall Street Journal on the first business day of the month in which the loan is originated, and remains the same throughout the term of the loan. General purpose loan terms range from one to sixty months. If the loan is used in the purchase of a primary residence, the loan term can be for a period of up to one hundred eighty months. Participants may have two loans outstanding at the time. Interest for loans outstanding as of December 31, 2009 ranged from 4.25% to 11.5% per annum. The loans are secured by the balance in the participant's account.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

The Plan's investment contracts held by a defined-contribution plan are required to be reported at fair value.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies (Continued)

Basis of Accounting (Continued)

However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 12 for discussion of fair value measurements.

Plan investments are stated at fair value. The fair value of registered investment companies represent the net asset value of shares held by the Plan at year end. Investments in pooled separate accounts are valued by the trustee of the Plan based on the fair value of the underlying assets of these investments. The investment in the common collective trust is valued at fair value by the trustee using the market approach based on market prices for similar contracts. Participants' loans receivable are valued at cost which approximates fair value. All investment information disclosed in the accompanying financial statements have been obtained or derived from the trustee, Principal Trust Company (Principal), who has certified this information as complete and accurate. Under the terms of the agreement between Principal and the Company, Principal manages a trust fund on behalf of the Plan.

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

Investment income derived from registered investment companies, common collective trust and pooled separate accounts, including unrealized and realized gains and losses and dividend income, are respectively included in separate line items for each investment type in the accompanying financial statements.

Distributions

Distributions to participants are recorded when paid.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies (Continued)

Administrative Expenses

The Company pays certain administrative expenses on behalf of the Plan.

Use of Estimates

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

Subsequent Events

The Financial Accounting Standards Board (FASB) established standards for the accounting and disclosure of events and transactions that occur after the statement of net assets available for benefits date but before the financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and whether that date is the date the financial statements were issued or the date the financial statements were available to be issued. The Plan adopted these standards during the year ended December 31, 2009. The adoption of the subsequent events provisions did not have a material impact on the financial statements.

The Plan has evaluated subsequent events and transactions through September 10, 2010, the date the financial statements were available to be issued.

Note 3 - Investments

The following table represents the fair value of investments. Investments that represent 5 percent or more of the Plan's net assets available for benefits are separately identified.

	December 31,	
	2009	2008
Investment at fair value as determined by quoted market price:		
Registered investment companies:		
Dodge & Cox Balanced Fund	\$ 24,631,228	\$ 19,660,899
Neuberger Berman Genesis Asset	22,034,053	17,894,781
PIMCO Total Return	38,411,995	30,301,189
Other	<u>83,102,296</u>	<u>53,634,461</u>
Total registered investment companies	<u>168,179,572</u>	<u>121,491,330</u>

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 3 - Investments (Continued)

	December 31,	
	<u>2009</u>	<u>2008</u>
Investment at estimated fair value as determined by Principal Trust Company:		
Common collective trust:		
Key Bank EB MGD Guar Inv Contract	<u>144,010,649</u>	<u>148,036,670</u>
Total common collective trust	<u>144,010,649</u>	<u>148,036,670</u>
Pooled separate accounts:		
Principal Large Cap Stock Index	22,309,495	*
Other	<u>69,894,950</u>	<u>73,344,416</u>
Total pooled separate accounts	<u>92,204,445</u>	<u>73,344,416</u>
Investment at cost which approximates estimated fair value:		
Participant loans	<u>3,819,066</u>	<u>3,829,482</u>
Total investments	<u>\$ 408,213,732</u>	<u>\$ 346,701,898</u>

* - Represents less than 5% of the Plan's net assets.

As stated in Note 10, the common collective trust, which is deemed to be fully - benefit responsive, is stated at fair value on the statements of net assets available for benefits, with a corresponding adjustment to contract value. The contract value of this investment at December 31, 2009 and 2008 was \$144,631,449 and \$155,824,404, respectively.

Note 4 - Distributions Under the Plan

Participants are entitled to receive a distribution of their vested interest in their account upon termination of employment other than by reason of death. In the event of the participant's death, the beneficiary or beneficiaries of the participant are entitled to receive a distribution of the participant's vested interest in the Plan.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 5 - Termination of the Plan

The Company reserves the right, by action of its Board of Directors, to discontinue or amend the Plan or the trust agreement, in whole or in part, provided, however, that no amendment shall be made at any time pursuant to which the trust fund or any part thereof may be used for or diverted to purposes other than for the exclusive benefit of participants and their beneficiaries. In the event that the Plan is terminated, all participants will be deemed fully vested and eligible for benefits under the Plan.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 1, 1995, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation.

The Plan obtained its latest determination letter on January 9, 2004, in which the Internal Revenue Service stated that the Plan, as amended in 2001, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter.

However, the plan administrator and the Company's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Note 7 - Risks and Uncertainties

The Plan invests in 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 participant's account balances and amounts reported in the statements of net assets available for benefits.

Note 8 - Related Party Transactions

Certain Plan investments are shares of pooled separate accounts managed by Principal Trust Company. Principal Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$45,958 for the year ended December 31, 2009.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 9 - Information Certified by the Plan's Trustee (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedules as of December 31, 2009 and 2008 and for the year ended December 31, 2009 is complete and accurate.

	Year Ended December 31,	
	2009	2008
Investments, fair value:		
Registered investment companies	\$ 168,179,572	\$ 121,491,330
Common collective trust	144,010,649	148,036,670
Pooled separate accounts	92,204,445	73,344,416
Participant loans	<u>3,819,066</u>	<u>3,829,482</u>
Investments, fair value	<u>\$ 408,213,732</u>	<u>\$ 346,701,898</u>
Investment income:		Year Ended December 31, 2009
Net investment income from common collective trust		\$ 4,637,111
Net investment income from pooled separate accounts		14,754,416
Net investment income from registered investment companies		35,632,725
Interest from participant loans		<u>241,052</u>
Total investment income		<u>\$ 55,265,304</u>
	Year Ended December 31,	
	2009	2008
Common collective trust:		
Key Bank EB MGD Guaranteed Inv Contract, at fair value	\$ 144,010,649	\$ 148,036,670
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>620,800</u>	<u>7,787,734</u>
Key Bank EB MGD Guaranteed Inv Contract, at contract value	<u>\$ 144,631,449</u>	<u>\$ 155,824,404</u>

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 9 - Information Certified by the Plan's Trustee (Unaudited) (Continued)

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 10 - Investment Contract

The Plan has entered into a common collective trust with Key Bank, which holds a benefit-responsive investment contract. The general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the statements of net assets available for benefits at fair value as determined using the market approach based on market prices of similar contracts. The adjustment from fair value to contract value is based on the contract value as reported to the Plan by Principal Trust Company. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The fair value of the investment contract at December 31, 2009 and 2008 was \$144,010,649 and \$148,036,670, respectively.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Principal Trust Company. The Plan administration believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable.

Note 11 - Prohibited Transactions

During 2009, the Company failed to transmit to the Plan \$15,713 of participant contributions within the time period described in 29 CFR 2520.3-102 due to isolated clerical errors. The Company remitted these contributions as soon as the problem was noted and has filed a Form 5330 with the Internal Revenue Service. The lost earnings have been replenished to the participant accounts.

Note 12 - Fair Value Measurements

Effective January 1, 2008, the Plan adopted the FASB's fair value measurements and disclosure accounting guidance, which establishes a framework for measuring fair value and clarifies the definition of fair value within that framework. It defines fair value as an exit price, which is the price that would be received for an asset or paid to transfer a liability in the Plan's principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 12 - Fair Value Measurements (Continued)

The fair value hierarchy generally requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability and are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the entity's own assumptions based on market data and the entity's judgments about the assumptions that market participants would use in pricing the asset or liability, and are to be developed based on the best information available in the circumstances.

The Plan determines the fair market value of its investments in securities based on the fair value definition and hierarchy levels. The fair value measurements and disclosure accounting guidance establishes these levels within its hierarchy that may be used to measure fair values.

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs, including Level 1 prices that have been adjusted; quoted prices for similar assets or liabilities; quoted prices in markets that are less active than traded exchanges; and other inputs that are observable or can be substantially corroborated by observable market data.

Level 3: Unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities.

Judgment is required in evaluating both quantitative and qualitative factors in the determination of significance for purposes of fair value level classification. Level 3 amounts can include assets and liabilities whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as assets and liabilities for which the determination of fair value requires significant management judgment or estimation.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of input that is a significant component of the fair value measurements determines the placement of the entire fair value measurement in the hierarchy. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 12 - Fair Value Measurements (Continued)

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2009.

	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value:				
Registered investment companies:				
Large cap funds	\$ 88,316,641	\$ 88,316,641	\$ -	\$ -
Mid-cap funds	14,191,682	14,191,682	-	-
Small cap funds	27,259,254	27,259,254	-	-
Intermediate funds	38,411,995	38,411,995	-	-
Common collective trust:				
Guaranteed investment contract	144,010,649	-	144,010,649	-
Pooled separate accounts:				
Target date funds	37,672,324	-	37,672,324	-
Large cap funds	40,286,459	-	40,286,459	-
Mid-cap funds	7,209,829	-	7,209,829	-
Small cap funds	1,070,753	-	1,070,753	-
Real estate	5,965,080	-	5,965,080	-
Participant loans	5,377,823	-	-	5,377,823
Total investments in securities	<u>\$ 409,772,489</u>	<u>\$ 168,179,572</u>	<u>\$ 236,215,094</u>	<u>\$ 5,377,823</u>

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

	Level 3 Assets Year Ended December 31, 2009
	<u>Participant Loans</u>
Balance, beginning of year	\$ 3,819,066
Purchases, sales, issuances and settlements (net)	<u>(10,416)</u>
Total investment balance, end of year	<u>\$ 3,808,650</u>

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 12 - Fair Value Measurements (Continued)

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2008.

	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value:				
Registered investment companies:				
Large cap funds	\$ 61,336,194	\$ 61,336,194	\$ -	\$ -
Mid-cap funds	8,498,554	8,498,554	-	-
Small cap funds	21,355,393	21,355,393	-	-
Intermediate funds	30,301,189	30,301,189	-	-
Common collective trust:				
Guaranteed investment contract	148,036,670	-	148,036,670	-
Pooled separate accounts:				
Target date funds	27,326,467	-	27,326,467	-
Large cap funds	31,883,016	-	31,883,016	-
Mid-cap funds	5,353,963	-	5,353,963	-
Small cap funds	740,068	-	740,068	-
Real estate	8,040,902	-	8,040,902	-
Participant loans	3,819,066	-	-	3,819,066
Total investments in securities	<u>\$ 346,691,482</u>	<u>\$ 121,491,330</u>	<u>\$ 221,381,086</u>	<u>\$ 3,819,066</u>

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2008.

	Level 3 Assets Year Ended December 31, 2008
	<u>Participant Loans</u>
Balance, beginning of year	\$ 3,423,654
Purchases, sales, issuances and settlements (net)	<u>405,828</u>
Total investment balance, end of year	<u>\$ 3,829,482</u>

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 12 - Fair Value Measurements (Continued)

The Key Bank EB MGD Guaranteed Investment Contract (Fund) is a stable value collective investment fund for investors seeking to preserve principal and generate a stable rate of return in their retirement savings accounts. The Fund invests in a diversified group of high quality fixed income investments. The Stable Value instruments consist of contracts which are obligations of credit worthy bank or insurance companies and short term money market instruments. As of December 31, 2009, the Plan had no unfunded capital commitments with respect to its investments in the Fund. The Fund is subject to restrictions on withdrawals. Withdrawals needed for benefit payments and loan advances of the Plan are generally permitted daily. Withdrawals for other purposes may require twelve-month advance notice to the Fund. At its discretion, the Fund may affect these withdrawals prior to the end of the twelve month period.

Note 13 - Restatement

The current year financial statements have been restated to correct the fair value of the common collective trust and the adjustment from fair value to contract value. The fair value of the common collective trust as restated is \$144,010,649 and was originally reported as \$137,464,517, which is a change of \$6,546,132. The adjustment from fair value to contract value as restated is \$620,800 and was originally reported as \$7,166,932, which is a change of (\$6,546,132). The restatement had no effect on net assets available for benefits as of December 31, 2009 or changes in net assets available for benefits during the year ended December 31, 2009.

Note 14 - Reconciliation of Financial Statements to Form 5500

In accordance with Section 2520.103-1b(3) of the Labor Regulations, the differences between the information in the financial statements for the year ended December 31, 2009 and the information contained in Schedule H of Form 5500 are enumerated and explained as follows:

Reconciliation of participant distributions from the statement of Changes in Net Assets Available for Benefits to Form 5500, Schedule H, Part II, Line 2e(1):

Distributions per Form 5500, Line 2e(l):

Deemed distributions	\$ 5,887
Cash distributions	<u>25,606,291</u>
Total distributions from page 3 of financial statements	<u>\$ 25,612,178</u>

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
Notes to Financial Statements (Continued)
December 31, 2009 and 2008

Note 14 - Reconciliation of Financial Statements to Form 5500 (Continued)

Reconciliation of net income from common collective trust from the statement of Changes in Net Assets Available for Benefits to Form 5500, Schedule H, Part II, Line 2b(6):

Net income from common collective trusts from page 3 of financial statements:	\$ 4,637,111
Less: cumulative adjustment from contract value to fair value	<u>7,166,934</u>
Total net (loss) from common or collective trust per Form 5500, Line 2b(6)	<u>\$ 11,804,045</u>

Reconciliation of net assets available for benefits from the statements of Net Assets Available for Benefits and statement of Changes in Net Assets Available for Benefits to Form 5500, Schedule H, Part I, Line 1I:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits from page 2 and 3 of financial statements	\$ 411,801,663	\$ 357,803,087
Less: adjustment from contract value to fair value	<u>(620,800)</u>	<u>(7,787,734)</u>
Total net assets available for benefits per Form 5500, Line 1I	<u>\$ 411,180,863</u>	<u>\$ 350,015,353</u>

The following is a reconciliation of the financial statements to Schedule H of Form 5500 for the year ended December 31, 2009:

Amount per Schedule H Part II, Line 2b(10)	\$ 32,457,960
Amount per Schedule H Part II, Line 2b(2)(d)	<u>3,174,765</u>
Net investment income from registered investment companies per page 3 of the financial statements	<u>\$ 35,632,725</u>

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year)
December 31, 2009

Form 5500, Schedule H, Part IV, Line 4(i)

EIN: 11-0707740
Plan Number: 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c)** Number of Shares	(d) Cost	(e) Current Value
	Registered investment companies:			
	Fidelity Contra Fund	307,158	\$	\$ 17,901,186
	Baron Small Cap Fund	271,298		5,225,201
	Dodge & Cox Balanced Fund	384,683		24,631,228
	Dodge & Cox International Stock Fund	617,305		19,661,165
	Growth Fund of America Inc.	477,145		12,935,396
	Neuberger Berman Genesis Asset	561,377		22,034,053
	Fidelity Advance Mid-Cap T Fund	552,294		8,925,065
	PIMCO Total Return	3,556,666		38,411,995
	Victory Special Value A Fund	183,498		2,486,403
	Fidelity Low-Priced Stock Fund	87,045		2,780,214
	Vanguard Windsor Fund	313,768		13,187,666
	Total registered investment companies			168,179,572
	Common collective trust:			
	Key Bank EB MGD Guar Inv Contract	6,847,367		144,010,649
	Total common collective trusts			144,010,649
	Pooled separate accounts:			
*	Principal Large Cap Stock Index	470,075		22,309,495
*	Principal Lifetime Str Inc.	74,642		1,040,550
*	Principal Lifetime 2010	331,845		4,668,521
*	Principal Lifetime 2020	835,950		12,121,908
*	Principal Lifetime 2030	758,382		10,785,825
*	Principal Lifetime 2040	454,488		6,455,945
*	Principal Lifetime 2050	267,078		3,640,125
*	Principal Large Cap Value	1,108,295		12,782,943
*	Principal Mid-Cap Value	240,410		7,209,829
*	Principal Small Co Value Sep Acct	30,505		1,070,753
*	Principal Diversified International Sep Acct	75,186		4,153,471
*	Principal Real Estate	12,727		5,965,080
	Total pooled separate accounts			92,204,445
*	Participant loans	4.25% to 11.5%		3,819,066
		Maturity ranging from 7/2009 to 7/2027		
	Total investments			\$ 408,213,732

* Party-in-Interest

** Collateral, maturity date and rate of interest are not applicable except for participant loans

Column (d) - Cost information is omitted with respect to participant or beneficiary directed transactions under an individual account plan

EDO CORPORATION EMPLOYEE INVESTMENT PLAN
(Supplemental Schedules)
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2009

Form 5500, Schedule H, Part IV, Line 4(a)

EIN: 11-0707740
Plan Number: 003

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions
\$ 15,713	\$ 15,713
\$ 15,713	\$ 15,713

Plan Name	EDO Corporation Employee Investment Plan
Plan Sponsor EIN	11-0707740
ERISA Plan #	003
Plan Year Ending	12/31/2009

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	x
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	x
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	EDO Corporation Employee Investment Plan
Plan Sponsor EIN	11-0707740
ERISA Plan #	003
Plan Year Ending	12/31/2009

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	x
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	x
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	