Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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
JOHN HASSALL, INC. EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 101

1c Effective date of plan 01/01/1986

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

609-1 CANTIAGUE ROCK ROAD
WESTBURY, NY 11590

2b Employer Identification Number (EIN)
11-0863980

2c Sponsor's telephone number
516-334-6200

2d Business code (see instructions)
332700

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.	01/31/2012	THEODORE SMITH
	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")
JOHN HASSALL, INC.

609-1 CANTIAGUE ROCK ROAD
WESTBURY, NY 11590

3b Administrator's EIN
11-0863980

3c Administrator's telephone number
516-334-6200

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**	165
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**	26
b	Retired or separated participants receiving benefits	**6b**	55
c	Other retired or separated participants entitled to future benefits	**6c**	70
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	151
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f	Total. Add lines **6d** and **6e**	**6f**	161
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I

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

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
JOHN HASSALL, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JOHN HASSALL, INC.

D Employer Identification Number (EIN)
11-0863980

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	1775251
b	Actuarial value	**2b**	1775251

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	67	1857124
b	For terminated vested participants	**3b**	68	1023006
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		286244
	(3) Total active	**3c(3)**	30	286244
d	Total	**3d**	165	3166374

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.19 %
6	Target normal cost	**6**	0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/22/2010
Signature of actuary — Date

ARTHUR E. TEILER, ASA — 08-01157
Type or print name of actuary — Most recent enrollment number

INTEGRATED PENSION DESIGN, INC. — 631-261-6565
Firm name — Telephone number (including area code)

81 LARKFIELD ROAD
SUITE 101
EAST NORTHPORT, NY 11731
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 5.97 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	56.06 %
15	Adjusted funding target attainment percentage	15	56.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	68.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	56.07 %

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.64 %	6.40 %	6.56 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	295445
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	295445

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1391123	255475
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	255475

35 Balances used to offset funding requirement

Carryover balance	Prefunding balance	Total balance
0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	255475
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	0
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	255475
40 Unpaid minimum required contribution for all years	**40**	550920

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

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

A Name of plan
JOHN HASSALL, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN HASSALL, INC.

D Employer Identification Number (EIN)
11-0863980

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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(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)

WILLIAMS JONES INVESTMENT MGMT

20-5113875

(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?
27 28	INVESTMENT ADVISOR	16349	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**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 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
JOHN HASSALL, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN HASSALL, INC.

D Employer Identification Number (EIN)
11-0863980

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	680	744
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11328	16649
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	175235	401432
(2) U.S. Government securities	1c(2)	209282	103031
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	95265	179406
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	56724	510162
(5) Partnership/joint venture interests	1c(5)	55777	67617
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	868066	269885
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	302893	301064

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1775250	1849990
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1775250	1849990

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)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	95	
	(B) U.S. Government securities	2b(1)(B)	10358	
	(C) Corporate debt instruments	2b(1)(C)	11494	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21947
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	18977	
	(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)		18977
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1373269	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1311430	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		61839

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	134567	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		134567
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		79363
c Other income	2c		16650
d Total income. Add all **income** amounts in column (b) and enter total	2d		333343
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	241188	
(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)		241188
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	16349	
(4) Other	2i(4)	1066	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17415
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		258603
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		74740
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: DDK & COMPANY, LLP (2) EIN: 13-2738625

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
JOHN HASSALL, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 101

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN HASSALL, INC.

D Employer Identification Number (EIN)
11-0863980

Part I Distributions

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

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

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

EIN(s): 13-5160382

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHN HASSALL, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2009 AND 2008

JOHN HASSALL, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2009 AND 2008

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DDK&
COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS

1 Penn Plaza, 54th Floor, New York, NY 10119
T. 212.997.0600 F. 212.997.0466
50 Jericho Quadrangle, Jericho, NY 11753
T. 516.277.9700 F. 516.277.9701
www.ddkcpas.com
A Member Firm of KS International

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
John Hassall, Inc.
Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of the John Hassall, Inc. Retirement Plan (the "Plan") as of December 31, 2009 and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. 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 the other auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by State Street Bank & Trust Company, the trustee of the Plan. Their report, dated October 7, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were 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.

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 described in Note 4, which was certified by State Street Bank & Trust Company (the "Trustee") of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of 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 in the Plan's 2009 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the investment 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.

DDK&
COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS

1 Penn Plaza, 54th Floor, New York, NY 10119
T. 212.997.0600 F. 212.997.0466
50 Jericho Quadrangle, Jericho, NY 11753
T. 516.277.9700 F. 516.277.9701
www.ddkcpas.com
A Member Firm of KS International

INDEPENDENT AUDITORS' REPORT *(Continued)*

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 9 to the financial statements, the Board of Directors of John Hassall, Inc., the Plan's sponsor, reached a decision in May 2010 to terminate the Plan, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

DDK & Company LLP

January 30, 2012

JOHN HASSALL, INC.
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Cash	$ 744	$ 680
Investments, at fair value, (notes 4 and 5)	1,832,597	1,763,243
Contributions receivable	550,920	295,445
Accrued income	16,649	11,328
Total assets	2,400,910	2,070,696
LIABILITIES	-	-
Net assets available for benefits	$ 2,400,910	$ 2,070,696

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

JOHN HASSALL, INC.
RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009

ADDITIONS TO NET ASSETS	
Investment Income	
Interest and other income	$ 57,574
Gain on sale of assets	61,838
Net appreciation in fair value of assets	213,930
Total investment income	333,342
Employer contributions	255,475
Total additions to net assets	588,817
DEDUCTIONS FROM NET ASSETS	
Benefits paid to participants	241,188
Administrative expenses	17,415
Total deductions from net assets	258,603
Net increase in assets available for benefits	330,214
Net assets available for benefits at beginning of year	2,070,696
Net assets available for benefits at end of year	$ 2,400,910

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

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the John Hassall, Inc. Retirement Plan, as amended, is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The John Hassall, Inc. Retirement Plan (the "Plan") was established in 1986 as the result of the merger of two retirement benefit plans, the Hourly Retirement Plan (union-negotiated) and the Salaried Retirement Plan (all non-union employees) sponsored by John Hassall, Inc. (the "Company" and "Plan Administrator") to cover substantially all employees of the Company. As of December 31, 1990, the Plan was amended to freeze all participation, determination of credit service and benefit accruals. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and all subsequent applicable tax codes.

Trustee of the Plan & Management of the Funds

The Plan provides for trustees to be appointed by the Company. State Street Bank & Trust Company has been appointed the Plan's Trustee (the "Trustee") and custodian. Under the terms of a trust agreement between the Trustee and the Plan, the Trustee manages a trust fund composed of the Plan assets. The Trustee has discretionary authority concerning purchases and sales of investments in the trust. The net assets and changes therein have been reported to the Plan by the Trustees as having been determined through the use of current values. All information relating to the assets held in the trust has been certified to as being complete and accurate by the Trustees.

Contributions

The Plan requires the Company to make contributions each year sufficient to maintain the Plan and meet the minimum funding standards. As of December 31, 2009, contributions receivable amounted to $550,920, which consisted of contributions for the years ended December 31, 2009 of $255,475 and $295,445, respectively. However, these contributions have not yet been made (see note 9).

Eligibility for Benefits

The Plan is a non-contributory defined benefit pension plan sponsored by the Company. Eligible employees became fully vested after 5 years of service. At December 31, 2009 and 2008 all Plan participants were 100% vested. Under the terms of the Plan, all participants are eligible for normal retirement benefits at age 65, early retirement benefits at age 62 (hourly participants) or age 55 (salaried participants), disability or death benefits.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Eligibility for Benefits *(Continued)*

Benefits are determined by a formula utilizing accumulated normal wages and years of service as defined in the Plan document. For the years ended December 31, 2009 and 2008, a frozen benefit formula was used. A comparison of accumulated plan benefits and plan net assets as of January 1, 2009 and 2008 the most recent valuation dates is presented below:

	2009	2008
Actuarial present value of accumulated vested plan benefits:	$ 3,964,492	$ 3,759,498
Net assets available for benefits	$ 2,400,910	$ 2,070,696

The actuarial present value of vested and non-vested accumulated plan benefits is based on an effective interest rate of 5% for 2009 and 6% for 2008. The unfunded benefit liability as of December 31, 2009 and 2008 was $1,563,582 and $1,688,802, respectively.

Payment of Benefits

There are three payment options available under the Plan; annuity payable for life, annuity payable for life and then 100% of modified pension benefits at death to beneficiary, or annuity payable for life and then 50% of modified pension benefits to beneficiary.

The Plan records benefits payments to withdrawing participants when paid. Under the rules for preparation of Form 5500, the Plan's Form 5500 will reflect an accrual for the amount to be paid to participants who withdrew from the Plan prior to year end, and who had requested a distribution which was approved but not yet paid at year end, if any. There were no unpaid distributions at December 31, 2009 and 2008.

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Investment Options

The investment options for 2009 were as follows:

Fund	Description
SSGA INST Gov. Money Market INV CL	Money Market Equivalents
FHLB 6.0% due 7/28/16	U.S. Government Securities
Range Res Corp. 7.375% due 7/15/13	Corporate Debt
Leucadia Natl. Corp. 7.0% due 8/15/13	Corporate Debt
Crown Castle Intl. Corp. 9% due 1/15/15	Corporate Debt
McDonalds Corp	Common Stock
Wal-Mart Stores Inc	Common Stock
Alpha Natural Resources Inc.	Common Stock
Sandridge Energy Inc.	Common Stock
Southwestern Energy	Common Stock
Annaly Mortgage Management Inc.	Common Stock
Chimera Investment Corp	Common Stock
Cisco Systems Inc	Business Products and Services
Crown Castle Intl. Corp.	Business Products and Services
Microsoft Corp	Business Products and Services
Qualcomm Inc	Business Products and Services
Hewlett - Packard Co.	Capital Goods
Vanguard Intm Term Grade FD-adm.	Mutual Fund
China Real Estate Inform-ADR	Foreign Assets
Enterprise Products Partners LP	Partner/Joint Venture
Teekay Offshore Partners LP	Partner/Joint Venture
SPDR Gold Trust	Registered Investment Entities
IPTATH S&P 500 Vix Mid Term	Registered Investment Entities
Montgomery PA Txbl 06D 5.2% due 12/15/15	Municipal Obligations - Taxable
Hammonton NJ Go Txbl 5.85% due 3/01/17	Municipal Obligations - Taxable
Green Bay WI Txbl 03B 5.6% due 4/01/22	Municipal Obligations - Taxable

NOTE 1 - DESCRIPTION OF PLAN *(Continued)*

Investment Options *(Continued)*

The investment options for 2008 were as follows:

Fund	Description
SSGA INST Gov. Money Market INV CL	Money Market Equivalents
Vanguard GNMA Fund-adm.	Money Market Equivalents
CGM TR Focus Fund	Money Market Equivalents
FHLB 5.3% due 10/27/11	U.S. Government Securities
FHLB 6.0% due 7/28/16	U.S. Government Securities
Range Res Corp. 7.375% due 7/15/13	Corporate Debt
Leucadia Natl. Corp. 7.0% due 8/15/13	Corporate Debt
Enterprise Prods Op 9.75% due 1/31/14	Corporate Debt
Ishares FTSE Xinhau China 25 Index Fund	Common Stock
XTO Energy Inc.	Common Stock
Coopers Industries PLC - CLA	Common Stock
Sandridge Energy Inc.	Common Stock
Southwestern Energy	Common Stock
Vanguard Intm Term Grade FD-adm.	Mutual Fund
Enterprise Products Partners LP	Partner/Joint Venture
Teekay Offshore Partners LP	Partner/Joint Venture
Williams Pipeline Partners LP	Partner/Joint Venture
SPDR Gold Trust	Registered Investment Entities
Montgomery PA Txbl 06D 5.2% due 12/15/15	Municipal Obligations - Taxable
Hammonton NJ Go Txbl 5.85% due 3/01/17	Municipal Obligations - Taxable
Green Bay WI Txbl 03B 5.6% due 4/01/22	Municipal Obligations - Taxable

Administrative Expenses

The Company paid the Plan's administration costs for the year ended December 31, 2009.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on the accrual basis.

Plan Termination and Amendment

The Company reserves the right to terminate the Plan at any time, subject to the Plan's provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan's terms. Due to an unfunded benefit liability the Plan was deemed terminated on July 1, 2009 (see note 9).

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes herein and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Plan is deemed to be qualified under Section 401(a) of the Internal Revenue Code and is therefore exempt from taxation under Section 501(a) of the Code. The Plan has received a favorable IRS determination letter. The plan administrator believes that the Plan is currently designed and being operated with the applicable requirements of the Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

The Plan obtained its latest determination letter on January 18, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not been amended since receiving the determination letter.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

***Income Taxes** (Continued)*

The Plan adopted the provisions of FASB ASC 740, Accounting for Uncertainty in Income Taxes, on January 1, 2009. The standard clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the Plan's financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are no audits currently in progress. The Plan is no longer subject to income tax examinations for years prior to 2006.

Subsequent Events

Management has evaluated subsequent events or transactions occurring through January 30, 2012 the date the financial statements were available to be issued.

NOTE 3 - RISKS AND UNCERTAINTIES

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits. Recent market conditions have resulted in an unusually high degree of volatility and increased the risks and short-term liquidity associated with certain investments held by the Plan, which could impact the value of the investments after the date of these financial statements.

NOTE 4 - INFORMATION CERTIFIED BY 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's Rules and Regulations for Reporting and Disclosure under ERISA. The assets of the Plan are held by State Street. Accordingly, State Street certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

a. Investments, as shown in the statements of net assets available for benefits, as of December 31, 2009 and 2008;

NOTE 4 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) *(Continued)*

b. Interest income, dividend income, and net appreciation in fair value of investments, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009;

c. The schedule of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year then ended as presented in the supplemental schedules.

The Plan's independent auditors 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 5 - FAIR VALUE MEASUREMENTS

The Plan has implemented FASB ASC 820-10, "*Fair Value Measurements and Disclosures.*" FASB ASC 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted observable quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value as of December 31, 2009 and 2008. As required by FASB ASC 820-10, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Total Plan investment assets at fair value are classified within level 1 were $1,832,597 and $1,763,243, respectively as of December 31, 2009 and 2008, which consist of investments in common/collective trusts and mutual funds. All investments listed in common/collective trusts are determined form readily available quoted active market prices.

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

	12/31/09	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Observable Inputs (Level 3)
Money Market Equivalents				
SSGA INST Gov. Money Market INV CL	$ 401,430	$ 401,430	$ -	$ -
U.S. Government Securities				
FHLB 6.0% due 7/28/16	103,031	103,031		
Corporate Debt				
Range Res Corp. 7.375% due 7/15/13	50,875	50,875		
Leucadia Natl. Corp. 7.0% due 8/15/13	75,281	75,281		
Crown Castle Intl. Corp. 9% due 1/15/15	53,250	53,250		
Common Stocks				
McDonalds Corp	21,854	21,854		
Wal-Mart Stores Inc	24,053	24,053		
Alpha Natural Resources Inc.	33,620	33,620		
Sandridge Energy Inc.	19,567	19,567		
Southwestern Energy	31,330	31,330		
Annaly Mortgage Management Inc.	46,845	46,845		
Chimera Investment Corp	46,560	46,560		
Business Products and Services				
Cisco Systems Inc	40,698	40,698		
Crown Castle Intl. Corp.	87,840	87,840		
Microsoft Corp	70,104	70,104		
Qualcomm Inc	33,539	33,539		

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

	12/31/09	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Observable Inputs (Level 3)
Capital Goods				
Hewlett - Packard Co.	32,194	32,194		
Mutual Funds				
Vanguard Intm Term Grade FD-adm.	119,511	119,511		
Foreign Assets				
China Real Estate Inform-ADR	21,960	21,960		
Partner/Joint Venture				
Enterprise Products Partners LP	37,692	37,692		
Teekay Offshore Partners LP	29,925	29,925		
Registered Investment Entities				
SPDR Gold Trust	96,579	96,579		
IPTATH S&P 500 Vix Mid Term	53,795	53,795		
Municipal Obligations - Taxable				
Montgomery PA Txbl 06D 5.2% due 12/15/15	104,893	104,893		
Hammonton NJ Go Txbl 5.85% due 3/01/17	101,702	101,702		
Green Bay WI Txbl 03B 5.6% due 4/01/22	94,469	94,469		
Total assets held for investment	$ 1,832,597	$ 1,832,597	$ -	$ -

NOTE 5 - FAIR VALUE MEASUREMENTS *(Continued)*

Description	12/31/08	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Observable Inputs (Level 3)
Money Market Equivalents				
SSGA INST Gov. Money Market INV CL	$ 175,235	$ 175,235	$ -	$ -
Vanguard GNMA Fund-adm.	403,442	403,442		
CGM TR Focus Fund	67,500	67,500		
U.S. Government Securities				
FHLB 5.3% due 10/27/11	103,563	103,563		
FHLB 6.0% due 7/28/16	105,719	105,719		
Corporate Debt				
Leucadia Natl. Corp. 7.0% due 8/15/13	59,625	59,625		
Enterprise Prods Op 9.75% due 1/31/14	35,640	35,640		
Common Stocks				
Ishares FTSE Xinhau China 25 Indx Fund	18,181	18,181		
XTO Energy Inc.	9,699	9,699		
Coopers Industries PLC - CLA	9,500	9,500		
Sandridge Energy Inc.	11,378	11,378		
Southwestern Energy	7,967	7,967		
Mutual Funds				
Vanguard Intm Term Grade FD-adm.	369,005	369,005		
Partner/Joint Venture				
Enterprise Products Partners LP	23,840	23,840		
Teekay Offshore Partners LP	16,350	16,350		
Williams Pipeline Partners LP	15,587	15,587		
Registered Investment Entities				
SPDR Gold Trust	28,119	28,119		
Municipal Obligations - Taxable				
Montgomery PA Txbl 06D 5.2% due 12/15/15	104,993	104,993		
Hammonton NJ Go Txbl 5.85% due 3/01/17	102,282	102,282		
Green Bay WI Txbl 03B 5.6% due 4/01/22	95,618	95,618		
Total assets held for investment	$ 1,763,243	$ 1,763,243	$ -	$ -

NOTE 6 - INVESTMENTS

The following investments represent 5% or more of the total net assets available for benefits of the Plan at December 31, 2009 and 2008:

	2009	2008
Vanguard GNMA Fund-adm.	$ -	$ 403,442
Vanguard Intm Term Grade FD-adm.	119,511	369,005
SSGA INST Gov Money Market 1NV CL	401,430	175,235
FHLB 6.00% due 7/28/16	103,031	105,719
Montgomery PA Txbl 06D 5.2% due 12/15/15	104,893	104,993
FHLB 5.30% due 10/27111	-	103,563
Hammonton NJ Go Txbl 5.85% due 3/01/17	101,702	102,282
Green Bay WI Txbl 03B 5.6% due 4/01/22	94,469	95,618

NOTE 7 - PARTY IN INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who have or may perform services or have fiduciary responsibilities to the Plan. Certain plan investments are shares of money market funds, US Government securities, corporate debt, common stocks, joint ventures, registered investment entities and municipal obligations managed by State Street, the trustee, as defined by the Plan. Integrated Pension Associates is responsible for record keeping, actuarial services, compliance and preparation of the form 5500. Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan. The Company pays all the administrative and accounting fees of the Plan. These transactions qualify as party in interest transactions.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

Total receivable per the financial statements	$ 550,920
Less: Employer contribution accrual	550,920
Receivables per the Form 5500	$ -

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 *(Continued)*

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

Net assets per the financial statements	$ 2,400,910
Less: Employer contribution accrual	550,920
Net assets per the Form 5500	$ 1,849,990

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

Employer Contribution per the financial statements	$ 255,474
Less: Employer contribution accrual	255,474
Contributions per the Form 5500	$ -

NOTE 9 - SUBSEQUENT EVENTS

Effective May 25, 2010, the Pension Benefit Guaranty Corporation (PBGC) became the statutory trustee of the Plan and the Plan was deemed terminated as of July 1, 2009 due to an unfunded benefit liability of approximately $1,800,000. Although this amount is due and payable under the law, PBGC will allow for commercially reasonable payment terms. As a result, the Plan is no longer considered a going concern. Any adjustments that might be necessary upon termination are unknown at this time.

On January 18, 2011, the Internal Revenue Service determined that the July 1, 2009 termination did not adversely affect its qualification for federal tax purposes.

NOTE 10 - ACTUARIAL INFORMATION

Actuarial present value of accumulated plan benefits:

	2009	2008
Vested Benefits:		
Participants currently receiving payments	$ 2,142,369	$ 2,165,440
Other participants	1,822,123	1,594,058
Net assets available for benefits	3,964,492	3,759,498
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	$ 3,964,492	$ 3,759,498

Changes in accumulated plan benefits for the year ended December 31, 2009:

Actuarial present value of accumulated plan benefits at beginning of year	$ 3,759,498
Increase (decrease) during the year attributable to:	
New retirees receiving benefits	61,116
Benefits paid-off	(44,276)
Increase for interest due to the decrease in the discount period	429,312
Benefits paid	(241,188)
Net increase	204,964
Actuarial present value of accumulated plan benefits at end of year	$ 3,964,462

SUPPLEMENTAL SCHEDULES REQUIRED BY THE U.S. DEPARTMENT OF LABOR (DOL)

JOHN HASSALL, INC.
RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
FORM 5500, SCHEDULE H PART IV (I)
SCHEDULE OF ASSETS (HELD FOR INVESTMENT)
December 31, 2009

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(e)
	Identity of issuer, borrow, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Current Value**
		Money Market Equivalents	
*	State Street	SSGA INST Gov. Money Market INV CL	$ 401,433
		U.S. Government Securities	
*	State Street	FHLB 6.0% due 7/28/16	$ 103,031
		Corporate Debt	
*	State Street	Range Res Corp. 7.375% due 7/15/13	$ 50,875
*	State Street	Leucadia Natl. Corp. 7.0% due 8/15/13	$ 75,281
*	State Street	Crown Castle Intl. Corp. 9% due 1/15/15	$ 53,250
		Common Stocks	
*	State Street	McDonalds Corp	$ 21,854
*	State Street	Wal-Mart Stores Inc	$ 24,053
*	State Street	Alpha Natural Resources Inc.	$ 33,620
*	State Street	Sandridge Energy Inc.	$ 19,567
*	State Street	Southwestern Energy	$ 31,330
*	State Street	Annaly Mortgage Management Inc.	$ 46,845
*	State Street	Chimera Investment Corp	$ 46,560
		Business Products and Services	
*	State Street	Cisco Systems Inc	$ 40,698
*	State Street	Crown Castle Intl. Corp.	$ 87,840
*	State Street	Microsoft Corp	$ 70,104
*	State Street	Qualcomm Inc	$ 33,539
		Capital Goods	
*	State Street	Hewlett - Packard Co.	$ 32,194
		Mutual Funds	
*	State Street	Vanguard Intm Term Grade FD-adm.	$ 119,511

JOHN HASSALL, INC.
RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
FORM 5500, SCHEDULE H PART IV (I)
SCHEDULE OF ASSETS (HELD FOR INVESTMENT) *(Continued)*
December 31, 2009

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(e)
	Identity of issuer, borrow, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Current Value**
		Foreign Assets	
*	State Street	China Real Estate Inform-ADR	$ 21,960
		Partner/Joint Venture	
*	State Street	Enterprise Products Partners LP	$ 37,692
*	State Street	Teekay Offshore Partners LP	$ 29,925
		Registered Investment Entities	
*	State Street	SPDR Gold Trust	$ 96,579
*	State Street	IPTATH S&P 500 Vix Mid Term	$ 53,795
		Municipal Obligations - Taxable	
*	State Street	Montgomery PA Txbl 06D 5.2% due 12/15/15	$ 104,893
*	State Street	Hammonton NJ Go Txbl 5.85% due 3/01/17	$ 101,702
*	State Street	Green Bay WI Txbl 03B 5.6% due 4/01/22	$ 94,469

* Denotes party-in-interest

JOHN HASSALL, INC.
RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
FORM 5500, SCHEDULE H PART IV (I)
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2009

Entity	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Series of Transactions:						
Broker	SSGA INST GOV Money Market INV CL	$ 93,254		$ 93,254	$ 93,254	$ -
Broker	SSGA INST GOV Money Market INV CL	$ 102,650		$ 102,650	$ 102,650	$ -
Broker	SSGA INST GOV Money Market INV CL	$ 295,220		$ 295,220	$ 295,220	$ -
Broker	FHLB 5.3% due 10/27/11		$ 100,000	$ 101,526	$ 101,526	$ (1,526)
Broker	TCW Total Return Bond Fund	$ 275,000		$ 275,000		$ -
Broker	TCW Total Return Bond Fund		$ 295,117	$ 274,999	$ 274,999	$ 20,177
Broker	Vanguard GNMA Fund-adm.		$ 190,000	$ 186,266	$ 186,266	$ 3,733
Broker	Vanguard GNMA Fund-adm.		$ 93,254	$ 90,912	$ 90,912	$ 2,342

See Independent Auditors' Report.

Schedule SB, line 22 -
Description of Weighted Average Retirement Age

John Hassall, Inc. Employees' Retirement Plan

11-0863980 / 101

For the plan year 1/1/2009 through 12/31/2009

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V
Summary of Plan Provisions

John Hassall, Inc. Employees' Retirement Plan
11-0863980 / 101

For the plan year 1/1/2009 through 12/31/2009

Employer: John Hassall, Inc.

Type of Entity - C-Corporation

EIN: 11-0863980 TIN: Plan #: 101

Dates: Effective - 1/1/1986 Year end - 12/31/2009 Valuation - 1/1/2009

Eligibility: All employees excluding non-resident aliens and union

Minimum age - 21 Months of service - N/A

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of calendar month coincident with or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65

Early - Attainment of age 55 and completion of 10 years of participation

Average Compensation: Highest 5 consecutive years of the last10 years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 999 Dollar: $195,000

Maximum 401(a)(17) compensation - $245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% Vested immediately
Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	4.41
Segment 2	6 - 20	4.57
Segment 3	> 20	4.27

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V
Summary of Plan Provisions

John Hassall, Inc. Employees' Retirement Plan

11-0863980 / 101

For the plan year 1/1/2009 through 12/31/2009

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

John Hassall, Inc. Employees' Retirement Plan
11-0863980 / 101

For the plan year 1/1/2009 through 12/31/2009

Valuation Date: 1/1/2009

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 5 consecutive years of the last10 years of service

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) & (G)

Segment #	Year	Rate %
Segment 1	0 - 5	5.64
Segment 2	6 - 20	6.40
Segment 3	> 20	6.56

Pre-Retirement - Mortality Table - None

Turnover/Disability - None

Salary Scale - None

Expense Load - None

Ancillary Ben Load - None

Post-Retirement - Mortality Table - 09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, line 26 -
Schedule of Active Participant Data

John Hassall, Inc. Employees' Retirement Plan

11-0863980/101

For the plan year 1/1/2009 through 12/31/2009

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44						1				
45 to 49					2	6				
50 to 54						9			1	
55 to 59					2	6				
60 to 64						1				
65 to 69						2				
70 & up										

Schedule SB, line 32 -
Schedule of Amortization Bases

John Hassall, Inc. Employees' Retirement Plan

11-0863980 / 101

For the plan year 1/1/2009 through 12/31/2009

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	1,038,382	Shortfall	912,901	6	174,645
	01/01/2009	478,222	Shortfall	478,222	7	80,830
Totals:				$1,391,123		$255,475

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	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

► **Round off amounts to nearest dollar.**
► **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Central Suffolk Hospital Employees' Pension Plan

B Three-digit plan number (PN) ►: 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Central Suffolk Hospital

D Employer Identification Number (EIN): 11-1661359

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
a	Market value		2a	11,836,398
b	Actuarial value		2b	13,020,037
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	70	2,640,340
b	For terminated vested participants	3b	199	2,735,571
c	For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		10,323,637
	(3) Total active	3c(3)	385	10,323,637
d	Total	3d	654	15,699,548
4	If the plan is at-risk, check the box and complete lines a and b		[ ]	
a	Funding target disregarding prescribed at-risk assumptions		4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5	Effective interest rate		5	7.70
6	Target normal cost		6	97,937

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Arthur E. Teiler
Signature of actuary

09/27/2009
Date

Arthur E. Teiler, ASA, MAAA
Type or print name of actuary

08-01157
Most recent enrollment number

Integrated Pension Design, Inc.
Firm name

(631) 261-6565
Telephone number (including area code)

81 Larkfield Road
Suite 101
US East Northport NY 11731
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	106,650	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	106,650	0
10 Interest on item 9 using prior year's actual return of -33.34 %	(35,557)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of 6.30 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	71,093	0

Part III Funding percentages

14 Funding target attainment percentage	14	82.47 %
15 Adjusted funding target attainment percentage	15	82.47 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.62 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/29/2009	500,000				
05/25/2010	175,000				
			Totals ▶ 18(b)	675,000	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	622,338

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:	1st segment %	2nd segment %	3rd segment %	[X] N/A, full yield curve used

b Applicable month (enter code)	21b	
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) [ ] Prescribed -- combined [X] Prescribed -- separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	97,937

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,750,606	489,877
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	587,814

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35)	36	587,814
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	622,338
38 Interest-adjusted excess contributions for current year (see instructions)	38	34,714
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

Schedule H, line 4i

Schedule of Assets (Acquired and Disposed of Within Year).

For the plan year beginning **01/01/2009** and ending **12/31/2009**

Name of plan

John Hassall, Inc. Employees' Retirement Plan

Employer Identification Number

11-0863980

Three-digit plan number ► **101**

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
State Street	TCW Total Return Bond Fund-I	275,000	295,177
State Street	Staples Inc	25,625	26,500
State Street	Sandridge Energy Inq	40,319	25,309
State Street	Proshares Ultrashort Financials	27,843	25,523
State Street	JP Morgan Chase & Co	17,771	23,390
State Street	IShares FTSE Xinhua China 25 IndxF	38,200	56,094
State Street	Intel Corp	36,339	38,364
State Street	The India Fund Inc	20,785	38,352
State Street	Enterprise Products Partners LP	26,221	32,210
State Street	DCP Midstream LLC	34,448	34,300
State Street	SSGA Inst Gov Money Market Inv CL	921,708	921,719

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: **John Hassall, Inc.**

Employer identification number: **11-0863980**

Plan Year **01/01/2009** to **12/31/2009**

Three-digit plan number ▶ **101**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
State Street	SSGA Inst Gov Money Market In	1147893		N/A	0	1147893	1147893	0
State Street	CGM TR Focus Fund		61995	N/A	0	114920	61955	-52924
State Street	TCW Total Return Bond Fund	275000		N/A	0	275000	275000	0
State Street	Vanguard GNMA Fund ADM		408277	N/A	0	399997	408277	8275
State Street	Vanguard Intm Term Invt		264768	N/A	0	262531	264768	2236
Corporate Actions	FHLB(FED HM LN)5.3% 10/27/11		100000	N/A	0	101526	100000	-1526
FTN Financial	DCP Midstream 9.75% 3/15/19		34300	N/A	0	34447	34300	-147
BONY Convergex	IPath S&P 500 VIX Mid Term	58474		N/A	35	58474	58474	0
BONY Convergex	IShares FTSE Xinhua China		19622	N/A	22	12733	19622	6888
BONY Convergex	Microsoft Corp	27200		N/A	57	27200	27200	0
BONY Convergex	Sandridge Energy Inc	19747		N/A	62	19747	19747	0
BONY Convergex	Wal-Mart Stores Inc	23087		N/A	27	23087	23087	0
First Tennessee Secu	Crown Castle Intl 9% 1/15/15	51000		N/A	0	51000	51000	0
Credit Suisse First	China Real Estate Inform-ADR	24000		N/A	0	24000	24000	0
Credit Suisse First	Microsoft Corp	27205		N/A	57	27205	27205	0
Salomon Smith Barney	Cisco Systems Inc	10317		N/A	28	10317	10317	0
Salomon Smith Barney	Crown Castle Internatal Corp	20116		N/A	37	20116	20116	0
Salomon Smith Barney	DCP Midstream 9.75% 3/15/19	34447		N/A	0	34447	34447	0
Midwest Research Sec	Proshares Ultrashort Financia	27842		N/A	15	27842	27842	0
Bernstein Sanford	Enterprise Products Partners	24721		N/A	57	24721	24721	0
Bernstein Sanford	Intel Corp		38364	N/A	120	36339	38364	2025
Midwest Research Sec	Intel Corp	19156		N/A	60	19156	19156	0
Midwest Research Sec	Proshares Ultrashort Financia		25552	N/A	15	27842	25522	-2320
Midwest Research Sec	Sandridge Energy Inc	8875		N/A	47	8875	8875	0
UBS Paine Webber Inc	Alpha Natural Resources Inc	26278		N/A	38	26278	26278	0
Morgan Kegan & Co In	Annaly Mortgage Management	6368		N/A	18	6368	6368	0
Morgan Kegan & Co In	Crown Castle International	36494		N/A	75	36494	36494	0
Morgan Kegan & Co In	Ishares FTSE Xinhua China		17493	N/A	22	12733	17493	4759
Morgan Kegan & Co In	JP Morgan Chase & Co		23389	N/A	41	17771	23389	5618
Morgan Kegan & Co In	Qualcomm Inc	17264		N/A	23	17264	17264	0
Morgan Kegan & Co In	Sandridge Energy Inc		25309	N/A	140	40318	25309	-15009
Morgan Kegan & Co In	Williams Pipeline Partners LP		19517	N/A	55	21929	19517	-2411

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: **John Hassall, Inc.**

Employer identification number: **11-0863980**

Plan Year **01/01/2009** to **12/31/2009**

Three-digit plan number ▶ **101**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Rich Seelaus & Co	Range Res Corp 7.375% 7/15/13	25625		N/A	0	25625	25625	0
Instinet-London	Cooper Industries PLC-CLA		10079	N/A	16	10141	10079	-62
Instinet-London	Cisco Systems Inc	17218		N/A	56	17218	17218	0
Instinet-London	Enterprise Products Partners		32210	N/A	55	26221	32210	5988
Instinet-London	Hewlett Packard Co	28452		N/A	31	28452	28452	0
Instinet-London	Intel Corp	17182		N/A	60	17182	17182	0
Instinet-London	IShares FTSE Xinhua China	19095		N/A	36	19095	19095	0
Instinet-London	JP Morgan Chase & Co	17771		N/A	41	17771	17771	0
Instinet-London	McDonalds Corp	21194		N/A	21	21194	21194	0
Instinet-London	SPDR Gold Trust	13150		N/A	7	13150	13150	0
Instinet-London	Southwest Energy	11222		N/A	18	11222	11222	0
Weeden & Co	SPDR Gold Trust	40432		N/A	21	40432	40432	0
Broadpoint Capital	Enterprise Prods9.75% 1/31/14		39550	N/A	0	35437	39550	4112
Broadpoint Capital	Range Res Corp 7.375% 7/15/13	24500		N/A	0	24500	24500	0
Broadpoint Capital	Staples Inc 7.75% 4/1/11	25625		N/A	0	25625	25625	0
Barclays Capital LE	Annaly Mortgage Management	381		N/A	1	381	381	0
Barclays Capital LE	The India Fund		38352	N/A	61	20784	38352	17567
Barclays Capital LE	XTO Energy Inc		7883	N/A	13	16887	7883	-9004
State Street	SSGA Inst Gov Money Market In		921701	N/A	0	921701	921701	0
State Street	TCW Total Return Bond Fund		295177	N/A	0	274999	295177	0
JMP Securities	Annaly Mortgage Management In	35380		N/A	115	35380	35380	0
JMP Securities	Chimera Investment Corp	45570		N/A	240	45570	45570	0
Broadpoint Capital	Staples Inc 7.75% 4/1/11		26500	N/A	0	25625	26500	875

JOHN HASSALL, INC.
RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
FORM 5500, SCHEDULE H PART IV (I)
SCHEDULE OF ASSETS (HELD FOR INVESTMENT)
December 31, 2009

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(e)
	Identity of issuer, borrow, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Current Value**
		Money Market Equivalents	
*	State Street	SSGA INST Gov. Money Market INV CL	$ 401,433
		U.S. Government Securities	
*	State Street	FHLB 6.0% due 7/28/16	$ 103,031
		Corporate Debt	
*	State Street	Range Res Corp. 7.375% due 7/15/13	$ 50,875
*	State Street	Leucadia Natl. Corp. 7.0% due 8/15/13	$ 75,281
*	State Street	Crown Castle Intl. Corp. 9% due 1/15/15	$ 53,250
		Common Stocks	
*	State Street	McDonalds Corp	$ 21,854
*	State Street	Wal-Mart Stores Inc	$ 24,053
*	State Street	Alpha Natural Resources Inc.	$ 33,620
*	State Street	Sandridge Energy Inc.	$ 19,567
*	State Street	Southwestern Energy	$ 31,330
*	State Street	Annaly Mortgage Management Inc.	$ 46,845
*	State Street	Chimera Investment Corp	$ 46,560
		Business Products and Services	
*	State Street	Cisco Systems Inc	$ 40,698
*	State Street	Crown Castle Intl. Corp.	$ 87,840
*	State Street	Microsoft Corp	$ 70,104
*	State Street	Qualcomm Inc	$ 33,539
		Capital Goods	
*	State Street	Hewlett - Packard Co.	$ 32,194
		Mutual Funds	
*	State Street	Vanguard Intm Term Grade FD-adm.	$ 119,511

JOHN HASSALL, INC.
RETIREMENT PLAN
SUPPLEMENTAL SCHEDULE
FORM 5500, SCHEDULE H PART IV (I)
SCHEDULE OF ASSETS (HELD FOR INVESTMENT) *(Continued)*
December 31, 2009

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(e)
	Identity of issuer, borrow, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Current Value**
		Foreign Assets	
*	State Street	China Real Estate Inform-ADR	$ 21,960
		Partner/Joint Venture	
*	State Street	Enterprise Products Partners LP	$ 37,692
*	State Street	Teekay Offshore Partners LP	$ 29,925
		Registered Investment Entities	
*	State Street	SPDR Gold Trust	$ 96,579
*	State Street	IPTATH S&P 500 Vix Mid Term	$ 53,795
		Municipal Obligations - Taxable	
*	State Street	Montgomery PA Txbl 06D 5.2% due 12/15/15	$ 104,893
*	State Street	Hammonton NJ Go Txbl 5.85% due 3/01/17	$ 101,702
*	State Street	Green Bay WI Txbl 03B 5.6% due 4/01/22	$ 94,469

* Denotes party-in-interest