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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PROTRANSPORT-1 ITS 401(K) PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2009

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

PROTRANSPORT-1

720 PORTAL STREET
COTATI, CA 94931

2b Employer Identification Number (EIN)
68-0461114

2c Sponsor's telephone number
707-665-4291

2d Business code (see instructions)
621900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	RICK GILLESPIE
	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")
PROTRANSPORT-1

720 PORTAL STREET
COTATI, CA 94931

3b Administrator's EIN
68-0461114

3c Administrator's telephone number
707-665-4291

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**	254
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**	297
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	309
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	309
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	84
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PROTRANSPORT-1 ITS 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROTRANSPORT-1

D Employer Identification Number (EIN)
68-0461114

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	91819	86	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
6314	1135

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
USB FINANCIAL SERVICES INS. AGENCY

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
6314			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NH HICKS
7348 PACHECO SCHOOL ROAD
REDDING, CA 96002

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1135	ADMINISTRATIVE FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	27847
5	Current value of plan's interest under this contract in separate accounts at year end	5	956898

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b	Balance at the end of the previous year			7b	12924
c	Additions: (1) Contributions deposited during the year	7c(1)	14996		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	15006
d	Total of balance and additions (add **b** and **c(6)**).			7d	27930
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	83		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	83
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	27847

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PROTRANSPORT-1 ITS 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PROTRANSPORT-1

D Employer Identification Number (EIN)
68-0461114

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

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2010

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 72143

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2015

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 14426

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2020

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 1856

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2025

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 106303

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2030

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 75112

a Name of MTIA, CCT, PSA, or 103-12 IE: SL AT 2035

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 37727

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2040

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 133355

a Name of MTIA, CCT, PSA, or 103-12 IE: RL AT 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94662
a Name of MTIA, CCT, PSA, or 103-12 IE: LS-MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14118
a Name of MTIA, CCT, PSA, or 103-12 IE: LS-BALANCE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86827
a Name of MTIA, CCT, PSA, or 103-12 IE: LS-GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99791
a Name of MTIA, CCT, PSA, or 103-12 IE: LS-AGGRESSIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36238
a Name of MTIA, CCT, PSA, or 103-12 IE: 3 YR COMP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27847
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL RTRN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88758
a Name of MTIA, CCT, PSA, or 103-12 IE: OPP INTB		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1659
a Name of MTIA, CCT, PSA, or 103-12 IE: VS REAL RT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 347

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 384

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 398

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2481

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1301

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1769

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 377

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20877

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 391

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 765

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 527

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1120

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1005

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2172

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21872

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19494

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17615

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PROTRANSPORT-1 ITS 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROTRANSPORT-1

D Employer Identification Number (EIN)
68-0461114

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	674315	956898
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	12924	27847
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	687239	984745
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	4225	17625
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4225	17625
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	683014	967120

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)	141231	
	(B) Participants	2a(1)(B)	229918	
	(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)		371149
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-40737
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		330412
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38857	
	(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)		38857
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)	7449	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7449
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		46306
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		284106
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: REGALIA & ASSOCIATES CPA S (2) EIN: 68-0260103

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

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

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

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

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PROTRANSPORT-1 ITS 401(K) PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROTRANSPORT-1

D Employer Identification Number (EIN)
68-0461114

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**

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROTRANSPORT-1

PROTRANSPORT-1
ITS 401(K) PLAN AND TRUST

Financial Statements

December 31, 2011 and 2010

REGALIA & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

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Years Ended December 31, 2011 and 2010

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ProTransport-1 ITS 401(k) Plan and Trust
720 Portal Street
Cotati, California 94931
707-586-4041
General Inquiries: pr@protransport-1.com
Web Site Address: www.protransport-1.com

R&A CPA
Regalia& Associates

CERTIFIED PUBLIC ACCOUNTANTS
103 TOWN & COUNTRY DRIVE, SUITE K, DANVILLE, CALIFORNIA 94526
DOUGLAS W. REGALIA, CPA, PRINCIPAL - TAX AND AUDIT
DANA CHAVARRIA, CPA, PRINCIPAL - TAX DEPARTMENT
MARIANNE RYAN, SENIOR AUDIT MANAGER
TRICIA WILSON, SENIOR AUDITOR
JANICE TAYLOR, CPA, SENIOR AUDITOR
WENDY THOMAS, CPA, SENIOR AUDITOR
JENNIFER JENSEN, ACCOUNTING
OFFICE: 925.314.0390 FAX: 925.314.0469

INDEPENDENT AUDITORS' REPORT

The Board of Directors
ProTransport-1 ITS 401(k) Plan and Trust

We have audited the accompanying statements of net assets available for plan benefits of the ProTransport-1 ITS 401(k) Plan and Trust as of December 31, 2011 and 2010 and the related statements of changes in net assets available for plan benefits for the years ended December 31, 2011 and 2010. These financial statements are the responsibility of the ProTransport-1 ITS 401(k) Plan and Trust's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of ProTransport-1 ITS 401(k) Plan and Trust as of December 31, 2011 and 2010, and the changes in net assets available for plan benefits for the years ended December 31, 2011 and 2010 in conformity with auditing principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of investments is presented for purposes of complying with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is not a required part of the basic financial statements. This supplemental schedule is the responsibility of the ProTransport-1 ITS 401(k) Plan and Trust's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Regalia & Associates

June 15, 2012
Danville, California

ProTransport-1 ITS 401(k) Plan and Trust

Statements of Net Assets Available for Plan Benefits
December 31, 2011 and 2010

Assets

		2011	2010
Investments:			
At fair value:			
Investments in pooled separate accounts	$	956,898	674,315
Investments in guaranteed interest accounts		27,847	12,924
Total investments at fair value		984,745	687,239
Total assets	$	984,745	687,239

Liabilities and Net Assets

Liabilities:			
Benefit claims payable	$	17,625	4,225
Total liabilities		17,625	4,225
Net assets available for plan benefits	$	967,120	683,014

REGALIA & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

ProTransport-1 ITS 401(k) Plan and Trust

Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31, 2011 and 2010

		2011	2010
Additions to net assets attributed to:			
Employer contributions	$	141,231	123,284
Employee contributions		229,918	202,528
Investment gains (losses)		(40,738)	65,905
Total additions		330,411	391,717
Deductions from net assets attributed to:			
Administrative expenses		7,448	-
Benefits paid to participants		38,857	37,525
Total deductions		46,305	37,525
Net increase		284,106	354,192
Net assets available for plan benefits:			
Beginning of year		683,014	328,822
End of year	$	967,120	683,014

Notes to Financial Statements
December 31, 2011 and 2010

1. Description of the Plan

The following description of the ProTransport-1 ITS 401(k) Plan and Trust (the Company) 401(K) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement (the Agreement) for a more complete description of the Plan's provisions.

General

The Plan was established effective January 1, 2009 as a defined contribution trust using the DATAIR Mass-Submitter Prototype in accordance with Section 401(k) of the Internal Revenue Code (legally titled the "DATAIR MASS-SUBMITTER PROTOTYPE DEFINED CONTRIBUTION TRUST Basic Plan 01") which provides for an employee salary deferral component and an optional employer matching component. The Plan covers all employees of ProTransport-1 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and, as such, has been amended periodically to comply with changes made to ERISA through December 31, 2011.

Generally, employees are eligible to make contributions to the Plan after they have completed one year of service and are at least 21 years of age. The opportunity to participate in the salary deferral/elective contribution portion of the plan are attainment of age 21 and completion of 6 (six) months of eligibility service. Effective August 10, 2010, hardship distributions of elective and Roth deferrals are permitted from the Plan.

Contributions

Participants may elect to make a basic salary reduction contribution of their compensation in accordance with the provisions and restrictions of the Plan, subject to certain Internal Revenue Service limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans or individual retirement accounts. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan provides for required Safe Harbor Employer matching contributions (which are 100% vested by partcipants) and discretionary Employer matching contributions (which are vested over time in accordance with the Agreement) determined annually by the Board of Directors of the Company. For the years ended December 31, 2011 and 2010, the Employer's Safe Harbor contributions amounted to $141,231 and $123,284, respectively. There were no discretionary matching contributions for the years ended December 31, 2011 and 2010.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 50 different mutual fund vehicles and one common/collective trust fund as investment options for participants, all of which are housed at John Hancock.

Participant Accounts

The Plan administrator maintains a separate account for each participant and for each type of contribution. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, net of an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes to Financial Statements

1. Description of the Plan *(continued)*

Vesting
Participants are 100% vested in their salary reduction contributions at all times, which includes rollover contributions (if any) and actual earnings or losses thereon. Participants become fully vested in employer-matching contributions over a six-year period (20% per year vesting begins at the end of the second year).

Payment of Benefits
On termination of service, or upon death or retirement, a participant (or beneficiary) may elect to receive a lump-sum amount or installment payments equal to the value of the participant's vested interest in his or her account.

Participant Loans
Under the terms of the Agreement, the Plan does not provide for a loan program for participants or their beneficiaries.

Forfeitures
Forfeitures are created when participants terminate employment before they become 100% vested in all components of their account balances. Forfeitures are held in a common/collective trust fund until they are used to offset employer contributions and/or plan expenses.

Administrative Costs
The Plan's administrative expenses are paid either by the Plan or the Company, as provided by the Agreement. Certain administrative functions are performed by employees of the Company. Fees paid by the Plan for administrative services amounted to $7,448 and $-0- for the years ended December 31, 2011 and 2010, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The Plan's Form 5500 filed with the Internal Revenue Service is also prepared using the accrual basis method.

Investments
The Plan follows the provisions of ASC 958.320, *Investments – Debt and Equity Securities of Not-for-Profit Entities* and has estimated the fair value of its investments using available market information and other valuation methodologies. Investments in equity securities with readily determinable fair values and all investments in mutual funds are reported at fair value with gains and losses included on the Statements of Changes in Net Assets Available for Plan Benefits.

Accordingly, the estimates presented are not necessarily indicative of the amounts that the Plan could realize in a current market exchange. The use of different assumptions and/or estimation methods may have a material effect on the estimated fair value amounts. The estimates are based on pertinent information available to management as of December 31, 2011. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, current estimates of fair value may differ significantly from the statements presented.

2. Summary of Significant Accounting Policies *(continued)*

Income Taxes and Tax Exempt Status

Financial statement presentation follows the recommendations of ASC 740, *Income Taxes*. Under ASC 740, the Plan is required to report information regarding its exposure to various tax positions taken by the Plan and requires a two-step process that separates recognition from measurement. The first step is determining whether a tax position has met the recognition threshold; the second step is measuring a tax position that meets the recognition threshold. Management believes that the Plan has adequately addressed all tax positions and that there are no unrecorded tax liabilities.

The Plan has adopted the Prototype Plan model sponsored by PolyComp Administrative Services, Inc. The prototype plan relies on an opinion letter issued by the Internal Revenue Service as evidence the Plan is qualified under Code Section 401 except to the extent provided in Revenue Procedure 2005-16. The prototype plan, as originally designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes that the Plan is currently structured and being operated in compliance with the applicable requirements of the Internal Revenue Code. Continued acceptance by the IRS is subject to periodic review by the federal authorities and management is confident that the Plan continues to satisfy all federal statutes in order to meet the criteria for qualified plan status.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Accordingly, actual results could differ from those estimates.

3. Investments

Investments consist of funds on deposit in various instruments, principally mutual funds in various pooled accounts at John Hancock and are detailed in Schedule 1 (Schedule of Investments). Estimated cost basis and fair value of investments are as follows at December 31, 2011 and 2010:

	December 31, 2011		December 31, 2010	
Description	Estimated Cost Basis *	Fair Value	Estimated Cost Basis *	Fair Value
John Hancock mutual funds in pooled accounts	$ 956,898	956,898	674,315	674,315
John Hancock mutual funds in guaranteed interest	27,847	27,847	12,924	12,924
Totals	$ 984,745	984,745	687,239	687,239

Net investment earnings (losses), including interest, dividends and unrealized gains (losses), amounted to ($40,738) and $65,905 for the years ended December 31, 2011 and 2010, respectively. Estimated rates of return for all investments range from 0.1% per annum to 2.65% per annum.

* Actual estimated cost basis of investments was not available from John Hancock because such assets reside in participant-directed accounts. Management has estimated the cost basis as being equal to (or approximately equal to) the fair value of the investments.

continued

3. Investments *(continued)*

Composition of investments utilizing fair value measurements at December 31, 2011 is as follows:

	Fair Value	Significant Observable Inputs [Level 1]	Significant Other Observable Inputs [Level 2]	Significant Unobserv-able Inputs [Level 3]
John Hancock mutual funds in pooled accounts	$ 956,898	-	956,898	
John Hancock mutual funds in guaranteed interest	27,847	-	27,847	-
Totals	$ 984,745	-	984,745	-

Fair value measurements establish a fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy consists of three broad levels: (a) Level 1 measurement reflects the value of the investments at quoted prices in active markets for identical assets, (b) Level 2 measurement reflects the value of the investments using significant other observable inputs, and (c) Level 3 measurement reflects the value of the investments using significant unobservable inputs.

4. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, all participants will become 100% vested in all components of their accounts.

5. Administrative Expenses

Certain operating expenses of the Plan were absorbed by the Employer during 2011 and 2010. The Employer also performed accounting and other functions for the Plan.

6. Schedule of Reportable Transactions

A reportable transaction includes (a) a single transaction within the plan year in excess of 5% of the current value of the plan assets, (b) any series of transactions with or in conjunction with the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the current value of plan assets, (c) any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets; and (d) any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets.

(continued)

Notes to Financial Statements

6. Schedule of Reportable Transactions *(continued)*

The following table provides information regarding investments which represent 5% or more of the Plan's net assets at December 31, 2011:

John Hancock Retirement Living 2045	$	94,662
John Hancock Retirement Living 2040		133,355
John Hancock Retirement Living 2030		75,112
John Hancock Retirement Living 2025		106,303
John Hancock Retirement Living 2010		72,143
John Hancock Lifestyle Growth		99,791
John Hancock Lifestyle Balanced		86,827
John Hancock PIMCO Real Return		88,758

7. Risks and Uncertainties

The Plan has investments in various mutual funds and a common/collective trust fund. These investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits.

8. Schedule of Party-in-Interest Transactions

Certain Plan investments include shares of mutual funds and common/collective trusts managed by John Hancock. John Hancock acts as custodian to the Plan. Therefore, these transactions qualify as party-in-interest transactions. A schedule of party-in-interest transactions has not been presented because there were no transactions which were prohibited by ERISA Section 406, and for which there was not statutory or administrative exemption.

9. Related Party Transactions

The Company provides certain accounting and administrative services to the Plan for which no fees are charged. These expenses are absorbed by the Company. Certain administrative expenses totaling $7,448 for the year ended December 31, 2011 were paid by the Plan.

10. Subsequent Events

In compliance with ASC 855, *Subsequent Events*, the Employer has evaluated subsequent events through June 15, 2012, the date the financial statements were available to be issued, and, in the opinion or management, there are no subsequent events which need to be disclosed.

Schedule of Investments – Schedule H Line 4i
December 31, 2011

As of December 31, 2011, investments were housed with John Hancock

Investments in Pooled Separate Accounts			2011 Estimated Cost *	2011 Fair Value
John Hancock	Retirement Living 2045	**	$ 94,662	94,662
John Hancock	Retirement Living 2040	**	133,355	133,355
John Hancock	Retirement Living 2035		37,727	37,727
John Hancock	Retirement Living 2030	**	75,112	75,112
John Hancock	Retirement Living 2025	**	106,303	106,303
John Hancock	Retirement Living 2020		1,856	1,856
John Hancock	Retirement Living 2015		14,426	14,426
John Hancock	Retirement Living 2010	**	72,143	72,143
John Hancock	Lifestyle Aggressive		36,238	36,238
John Hancock	Lifestyle Growth	**	99,791	99,791
John Hancock	Lifestyle Balanced	**	86,827	86,827
John Hancock	Lifestyle Moderate		14,118	14,118
John Hancock	Oppenheimer Developing Market		21,872	21,872
John Hancock	Energy		2,172	2,172
John Hancock	Euro Pacific Growth Fund		1,120	1,120
John Hancock	Small Cap Value Index		765	765
John Hancock	Utilities Fund		1,769	1,769
John Hancock	MFS Utilities		1,301	1,301
John Hancock	500 Index Fund		2,481	2,481
John Hancock	American Balanced Fund		398	398
John Hancock	U.S. High Yield Bond Fund		348	348
John Hancock	Real Return Bond Fund		259	259
John Hancock	Oppenheimer International Bond		1,659	1,659
John Hancock	PIMCO Real Return	**	88,758	88,758
John Hancock	Money Market Fund		81	81
John Hancock	Fidelity Advisor Gold Fund		20,877	20,877
John Hancock	Natural Resources Fund		17,615	17,615
John Hancock	Royce Opportunity		19,494	19,494
John Hancock	International Small Cap Fund		186	186
John Hancock	Small Cap Growth Index		1,005	1,005
John Hancock	SSgA Mid Value Index Fund		527	527
John Hancock	Capital World Growth & Income		391	391
John Hancock	Domini Social Equity		377	377
John Hancock	Parnassus Equity Income		206	206
John Hancock	Ivy Asset Strategy Fund		184	184
John Hancock	Capital Income Builder		112	112
John Hancock	Pimco All Assets Fund		383	383
			$ 956,898	**956,898**

* Actual estimated cost basis of investments was not available from John Hancock because such assets reside in participant-directed accounts. Management has estimated the cost basis as being equal to (or approximately equal to) the market value of the investments.

** Fair value of investment exceeds 5% of net assets available for plan benefits at December 31, 2011.

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Schedule of Investments – Schedule H Line 4i
December 31, 2010

As of December 31, 2010, investments were housed with John Hancock

Investments in Pooled Separate Accounts			2010 Estimated Cost *	2010 Fair Value
John Hancock	Retirement Living 2045	**	$ 52,651	52,651
John Hancock	Retirement Living 2040	**	172,216	172,216
John Hancock	Retirement Living 2035		27,655	27,655
John Hancock	Retirement Living 2030	**	54,832	54,832
John Hancock	Retirement Living 2025	**	72,341	72,341
John Hancock	Retirement Living 2020		1,486	1,486
John Hancock	Retirement Living 2015		11,128	11,128
John Hancock	Retirement Living 2010	**	60,556	60,556
John Hancock	Lifestyle Aggressive		27,666	27,666
John Hancock	Lifestyle Growth	**	60,229	60,229
John Hancock	Lifestyle Balanced	**	56,060	56,060
John Hancock	Lifestyle Moderate		2,986	2,986
John Hancock	Real Estate Securities Fund		1,524	1,524
John Hancock	Oppenheimer Developing Market		1,545	1,545
John Hancock	Energy		3,031	3,031
John Hancock	Euro Pacific Growth Fund		1,936	1,936
John Hancock	T. Rowe Price Health Science		2,967	2,967
John Hancock	Mid-Cap Value Index Fund		538	538
John Hancock	Small Cap Value Index		554	554
John Hancock	Utilities Fund		118	118
John Hancock	MFS Utilities		466	466
John Hancock	500 Index Fund		1,659	1,659
John Hancock	Washington Mutual Investors		183	183
John Hancock	American Balanced Fund		388	388
John Hancock	U.S. High Yield Bond Fund		335	335
John Hancock	Real Return Bond Fund		207	207
John Hancock	Oppenheimer International Bond		1,360	1,360
John Hancock	PIMCO Real Return	**	57,400	57,400
John Hancock	Short-Term Federal		175	175
John Hancock	Money Market Fund		123	123
			$ 674,315	**674,315**

* Actual estimated cost basis of investments was not available from John Hancock because such assets reside in participant-directed accounts. Management has estimated the cost basis as being equal to (or approximately equal to) the market value of the investments.

** Fair value of investment exceeds 5% of net assets available for plan benefits at December 31, 2010.

REGALIA & ASSOCIATES
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Schedule of Party-in-Interest Transactions
Year Ended December 31, 2011 and 2010

2011:

A schedule of party-in-interest transactions has not been presented because there were no party-in-interest transactions which were prohibited by ERISA Section 406, and for which there was not statutory or administrative exemption.

2010:

A schedule of party-in-interest transactions has not been presented because there were no party-in-interest transactions which were prohibited by ERISA Section 406, and for which there was not statutory or administrative exemption.

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

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

Protransport-1 Its 401(k) Plan & Trust

Employer Identification Number

68-0461114

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	John Hancock	RL AT 2010		72,143
*	John Hancock	RL AT 2015		14,426
*	John Hancock	RL AT 2020		1,856
*	John Hancock	RL AT 2025		106,303
*	John Hancock	RL AT 2030		75,112
*	John Hancock	RL AT 2035		37,727
*	John Hancock	RL AT 2040		133,355
*	John Hancock	RL AT 2045		94,662
*	John Hancock	LS-MODERATE		14,117
*	John Hancock	LS-BALANCE		86,827
*	John Hancock	LS-GROWTH		99,791
*	John Hancock	LS-AGGRESSIVE		36,238
*	John Hancock	3 YR COMP		27,847
*	John Hancock	MONEY		81
*	John Hancock	REAL RTRN		88,758
*	John hancock	OPP INTB		1,659
*	John Hancock	VS REAL RT		259
*	John Hancock	VS USHIYLD		348
*	John Hancock	ALL ASSET		384
*	John Hancock	AF AM BAL		398
*	John Hancock	AF CAP INB		112
*	John Hancock	IVY ASSET		184
*	John Hancock	PAR EQ INC		206
*	John Hancock	IDX 500		2,481
*	John Hancock	UTILITIES		1,301
*	John Hancock	VS UTILITY		1,769
*	John Hancock	AF CAP WGI		391
*	John Hancock	SMCP VA IN		765
*	John Hancock	SSGA MCV		527
*	John Hancock	EUROPACIFIC		1,120
*	John Hancock	SMCP GR IN		1,005
*	John Hancock	ENERGY		2,172
*	John Hancock	DEVELOP MKT		21,872
*	John Hancock	VS INTSM		186
*	John Hancock	OPPORTUNITY		19,494
*	John Hancock	VS NAT RES		17,615
*	John Hancock	FIDADVGOLD		20,877
*	John Hancock	SOMINI SOC		377

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

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan
Protransport-1 Its 401(k) Plan & Trust

Employer Identification Number
68-0461114

Three-digit plan number ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	John Hancock	RL AT 2010		72,143
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*	John Hancock	LS-AGGRESSIVE		36,238
*	John Hancock	3 YR COMP		27,847
*	John Hancock	MONEY		81
*	John Hancock	REAL RTRN		88,758
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*	John Hancock	VS REAL RT		259
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*	John Hancock	ALL ASSET		384
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*	John Hancock	PAR EQ INC		206
*	John Hancock	IDX 500		2,481
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*	John Hancock	SOMINI SOC		377