# 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
SPACE EXPLORATION TECHNOLOGIES 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2003

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

SPACE EXPLORATION TECHNOLOGIES CORP.

1 ROCKET ROAD
HAWTHORNE, CA 90250

**2b** Employer Identification Number (EIN) 01-0627671

**2c** Sponsor's telephone number 310-363-6000

**2d** Business code (see instructions) 541990

**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. | 10/15/2012 | JERRY FIELDER |
| | **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")
SPACE EXPLORATION TECHNOLOGIES CORP.

1 ROCKET ROAD
HAWTHORNE, CA 90250

**3b** Administrator's EIN
01-0627671

**3c** Administrator's telephone number
310-363-6000

**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** | 1341 |
| **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** | 1540 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 110 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1650 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 1650 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 780 |
| **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 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | X | | **H** (Financial Information) |
| **(2)** | | | **I** (Financial Information – Small Plan) |
| **(3)** | X | 1 | **A** (Insurance Information) |
| **(4)** | X | | **C** (Service Provider Information) |
| **(5)** | X | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **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
SPACE EXPLORATION TECHNOLOGIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPACE EXPLORATION TECHNOLOGIES CORP.

**D** Employer Identification Number (EIN)
01-0627671

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

| (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 | 22239 | 0 | 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 |
|---|---|
| 54580 | 9838 |

**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

PRECEPT
F.B.P. INSURANCE SERVICES, INC.
130 THEORY, SUITE 200
IRVINE, CA 92617

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 44569 | | | 3 |

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

TPA
NICHOLAS PENSION CONSULTANTS, INC.
2865 SUNRISE BLVD., SUITE 213
RANCHO CORDOVA, CA 95742

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 10011 | 9404 | TPA ADMIN FEES | 5 |

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

VANGUARD

VANGUARD GROUP, INC.
100 VANGUARD BLVD
MALVERN, PA 19355

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 0 | 434 | REDEMPTION FEES | 6 |

**(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 | 342190 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 15312523 |

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 PENSION FUNDING

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 342192 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 91631 | | |
| | (2) Dividends and credits | 7c(2) | 4294 | | |
| | (3) Interest credited during the year | 7c(3) | 12806 | | |
| | (4) Transferred from separate account | 7c(4) | 0 | | |
| | (5) Other (specify below) | 7c(5) | 35877 | | |
| | ▶ LOAN REPAYMENTS | | | | |
| | (6) Total additions | | | 7c(6) | 144608 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 486800 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 389921 | | |
| | (2) Administration charge made by carrier | 7e(2) | 72 | | |
| | (3) Transferred to separate account | 7e(3) | 33618 | | |
| | (4) Other (specify below) | 7e(4) | 63189 | | |
| | ▶ PARTICIPANT LOANS/CONTRACT ADMIN FEES | | | | |
| | (5) Total deductions | | | 7e(5) | 486800 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 0 |

## 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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**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
SPACE EXPLORATION TECHNOLOGIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPACE EXPLORATION TECHNOLOGIES CORP.

**D** Employer Identification Number (EIN)
01-0627671

## 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).. . . . . [X] 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

JOHN HANCOCK USA

P.O. BOX 600 USA
BUFFALO, NY 14201-0600

01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
SPACE EXPLORATION TECHNOLOGIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
SPACE EXPLORATION TECHNOLOGIES CORP.

**D** Employer Identification Number (EIN)
01-0627671

**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: RETIREMENT LIVING AT 2045

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-303 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2040

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-303 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2035

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-303 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2030

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-303 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2025

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-303 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2020

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-303 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2015

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 01-0233346-303 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2010

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

| **c** EIN-PN 01-0233346-303 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-084 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-083 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-082 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-081 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-080 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

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

| **c** EIN-PN 01-0233346-070 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

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

| **c** EIN-PN 01-0233346-211 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-183 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-095 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND

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

| **c** EIN-PN 01-0233346-190 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

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

| **c** EIN-PN 01-0233346-190 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-047 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SOCIAL EQUITY

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

| **c** EIN-PN 01-0233346-088 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-039 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND

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

| **c** EIN-PN 01-0233346-136 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-190 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

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

| **c** EIN-PN 01-0233346-102 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE VALUE

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

| **c** EIN-PN 01-0233346-158 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

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

| **c** EIN-PN 01-0233346-153 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-151 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-069 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON WESTERN ASSET GLOBAL

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

| **c** EIN-PN 01-0233346-048 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND FUND

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

| **c** EIN-PN 01-0233346-146 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN

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

| **c** EIN-PN 01-0233346-167 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-044 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

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

| **c** EIN-PN 01-0233346-151 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN

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

| **c** EIN-PN 01-0233346-096 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-056 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-068 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL OPPORTUNITIES FUND

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

| **c** EIN-PN 01-0233346-188 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-063 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-148 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATINAL VALUE FUND

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

| **c** EIN-PN 01-0233346-212 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-004 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-091 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-035 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

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

| **c** EIN-PN 01-0233346-213 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX

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

| **c** EIN-PN 01-0233346-224 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

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

| **c** EIN-PN 01-0233346-106 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP FUND

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

| **c** EIN-PN 01-0233346-189 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMZED VALUE FUND

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

| **c** EIN-PN 01-0233346-035 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

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

| **c** EIN-PN 01-0233346-059 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-025 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-033 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-062 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS

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

| **c** EIN-PN 01-0233346-155 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

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

| **c** EIN-PN 01-0233346-154 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND

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

| **c** EIN-PN 01-0233346-151 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION

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

| **c** EIN-PN 01-0233346-260 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

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

| **c** EIN-PN 01-0233346-035 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL SERVICES FUND

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

| **c** EIN-PN 01-0233346-118 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-105 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BRIDGEWAY ULTRA-SMALL CO.

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

| **c** EIN-PN 01-0233346-210 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA

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

| **c** EIN-PN 01-0233346-058 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-186 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-192 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH

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

| **c** EIN-PN 01-0233346-030 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-152 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH

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

| **c** EIN-PN 01-0233346-053 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBRIDGE AGG GROWTH

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

| **c** EIN-PN 01-0233346-051 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-127 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-165 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RIVERSOURCE MID CAP VALUE

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

| **c** EIN-PN 01-0233346-209 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-194 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-040 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET

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

| **c** EIN-PN 01-0233346-061 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

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

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

| **c** EIN-PN 01-0233346-229 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL FUND

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

| **c** EIN-PN 01-0233346-109 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED ALL CAP FUND

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

| **c** EIN-PN 01-0233346-163 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

## 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
SPACE EXPLORATION TECHNOLOGIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPACE EXPLORATION TECHNOLOGIES CORP.

**D** Employer Identification Number (EIN)
01-0627671

## 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 | 0 | 18926362 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 8978 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 545796 | 1095322 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 14424536 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 342192 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 15321502 | 20021684 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 1612 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 1612 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 15319890 | 20021684 |

## 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) | 0 | |
| **(B)** Participants | 2a(1)(B) | 4597456 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 1082324 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 5679780 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 36622 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 36622 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **2b** | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |
| | **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| | **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| | **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| | **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| | **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -664591 |
| **c** | Other income | 2c | | 0 |
| **d** | Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5051811 |
| | **Expenses** | | | |
| **e** | Benefit payment and payments to provide benefits: | | | |
| | **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 292180 | |
| | **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| | **(3)** Other | 2e(3) | 0 | |
| | **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 292180 |
| **f** | Corrective distributions (see instructions) | 2f | | 1612 |
| **g** | Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** | Interest expense | 2h | | 44138 |
| **i** | Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| | **(2)** Contract administrator fees | 2i(2) | 2344 | |
| | **(3)** Investment advisory and management fees | 2i(3) | 9310 | |
| | **(4)** Other | 2i(4) | 433 | |
| | **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 12087 |
| **j** | Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 350017 |
| | **Net Income and Reconciliation** | | | |
| **k** | Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4701794 |
| **l** | Transfers of assets: | | | |
| | **(1)** To this plan | 2l(1) | | 0 |
| | **(2)** From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: ROSENTHAL, PEARSON, FONG & FREW LLP **(2)** EIN: 33-0890224

**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 | | 1000000 |
| **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** | X | | |

**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
SPACE EXPLORATION TECHNOLOGIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPACE EXPLORATION TECHNOLOGIES CORP.

**D** Employer Identification Number (EIN)
01-0627671

## Part I Distributions

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

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

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

EIN(s): 01-0233346

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

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

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

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

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

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

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

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

# SPACE EXPLORATION TECHNOLOGIES CORP.
# 401(K) PLAN

## FINANCIAL STATEMENTS

## DECEMBER 31, 2011 and 2010

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FONG & ASSOCIATES
Certified Public Accountants

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Trustees of
Space Exploration Technologies Corp. 401(K) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Space Exploration Technologies Corp. 401(K) Plan as of December 31, 2011 and 2010, and the statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule of delinquent participant contributions, the schedule of reportable transactions, and the schedule of assets held at end of year. These financial statements and the schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by John Hancock Life Insurance and Annuity company, the current custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian of the Plan is complete and accurate.

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

Fong & Associates, CPAs

Torrance, California
September 20, 2012

**SPACE EXPLORATION TECHNOLOGIES CORP. 401(K) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2011 AND 2010**

| | 2011 | 2010 |
|---|---|---|
| **ASSETS** | | |
| Noninterest-bearing cash | $ 18,926,362 | - |
| Pooled separate accounts, at fair value | - | $ 14,766,728 |
| Receivables: | | |
| Participants' contributions | - | 8,978 |
| Notes receivable from participants | 1,095,322 | 545,796 |
| | 1,095,322 | 554,774 |
| **Total Assets** | 20,021,684 | 15,321,502 |
| **LIABILITIES** | | |
| Other liabilities | - | 1,612 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 20,021,684 | $ 15,319,890 |

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

**SPACE EXPLORATION TECHNOLOGIES CORP. 401(K) PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**FOR THE YEAR ENDED DECEMBER 31, 2011**

| | |
|---|---|
| **ADDITIONS:** | |
| Additions to net assets attributed to: | |
| Net depreciation in fair value of investments | $ (664,591) |
| Interest income from notes receivable from participants | 36,622 |
| Contributions: | |
| Participants | 4,597,456 |
| Others (including rollovers) | 1,082,324 |
| Total contributions | 5,679,780 |
| Total additions | 5,051,811 |
| **DEDUCTIONS:** | |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 292,180 |
| Corrective distribution | 1,612 |
| Deemed distribution | 44,138 |
| Administrative expenses | 12,087 |
| Total deductions | 350,017 |
| **NET INCREASE IN NET ASSETS** | 4,701,794 |
| **NET ASSETS AVAILABLE FOR BENEFITS:** | |
| Beginning of year | 15,319,890 |
| End of year | $ 20,021,684 |

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

**SPACE EXPLORATION TECHNOLOGIES CORP. 401(K) PLAN**
**NOTES TO FINANCIAL STATEMENTS**
**DECEMBER 31, 2011 and 2010**

## NOTE A – DESCRIPTION OF THE PLAN

The following description of the Space Exploration Technologies Corp. (the Company) 401(K) Plan (the Plan) is provided for general information purposes only. Plan participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan was established on January 1, 2003, as a defined contribution plan covering substantially all full-time employees of the Company who are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Each year the participants may contribute pretax compensation as defined in the Plan, limited to an amount allowable by statute. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. For the year ended December 31, 2011, the maximum statutory amount was $16,500 plus $5,500 for catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may contribute a percentage of the participants' contribution but did not elect to do so during 2011. The Plan also provides for non-elective discretionary contributions to be made by the Company, as defined. Participants direct the investment of their contributions into various investment options offered by the Plan.

### Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, if any, and allocations of (a) the Company's discretionary contribution, if any, and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Forfeitures, if any, are first used to re-credit accounts of re-hired participants then to reduce employer contributions, as defined.

## NOTE A – DESCRIPTION OF THE PLAN – CONTINUED

### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contributions plus actual earnings thereon is based on years of continuous service. A participant's account vests ratably and is 100% vested after five years of credited service according to the following schedule:

| Years of Service | Vested % |
|---|---|
| 1 | 0% |
| 2 | 25% |
| 3 | 50% |
| 4 | 75% |
| 5 or more | 100% |

### Forfeitures

If the participants terminate employment before 100% vested in their account balance and receive a distribution of the vested portion of their account, the non-vested portion of their account will be forfeited when they take their distribution. Forfeitures attributable to matching contributions are used to reduce future contributions, and forfeitures related to employer discretionary contributions are allocated based on participants' compensation. At December 31, 2011 there were no forfeitures.

### Notes Receivable from Participants

The majority of Plan participants may borrow from their fund accounts. The minimum amount of any loan is $1,000, with a maximum equal to the lesser of 50% of the participants' vested account balance, or $50,000, reduced by the participant's highest outstanding loan balance over the previous twelve months. The Plan does not permit participant loans to certain owners of the Company. The loans are secured by the participant's vested account balance and bear interest at a reasonable rate of interest, as defined. For the year ended December 31, 2011, the rate was prime plus 1%. The repayment period may not exceed five years, unless such proceeds are used for the purchase of a principal residence.

### Payment of Benefits

On termination of service due to death, disability or retirement, benefits will be paid to participants. However, participants may elect payment options including a lump-sum distribution or periodic payments payable over a fixed term, equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

**Basis of Accounting**
The Plan's policy is to prepare its financial statements on the accrual basis of accounting.

**Investment Valuation and Income Recognition**
The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Payment of Benefits**
Benefits are recorded when paid.

**Operating Expenses**
Certain expenses of maintaining the Plan are paid by the Company.

**Subsequent Events**
Subsequent events have been evaluated through September 20, 2012, which is the date the financial statements were issued. The Plan custodian changed from John Hancock Life Insurance & Annuity Company to Fidelity Retirement on January 1, 2012.

## NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

| | | | Fair Value Measurement Using: |
|---|---|---|---|
| December 31, 2010 | | | |
| | | Fair Value | Quoted Prices in Active Markets for Identical Assets Level 1 |
| Pooled separate accounts | $ | 14,766,728 | $ 14,766,728 |
| Total: | $ | 14,766,728 | $ 14,766,728 |

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 and Level 3 inputs were available to the Plan.

*Level 1 Fair Value Measurements*

The fair value of pooled separate accounts is based on quoted net asset values of the shares held by the Plan at year-end.

## NOTE D – INVESTMENTS

At December 31, 2010 the majority of the Plan's investments consisted of pooled separate accounts which were held in trust by John Hancock Life Insurance and Annuity Company, the Plan custodian (Note E). Other investments are comprised of participant loans. The fair value of individual investments that represent 5% or more of the Plan's net assets is as follows:

| | 2011 | 2010 |
|---|---|---|
| Investments, at fair value: | | |
| LS-Balanced | $ - | $ 1,503,003 |
| Lifestyle-Growth | - | 2,382,275 |
| Lifestyle Aggressive | - | 1,339,756 |
| Money Market Fund | - | 1,173,468 |

## NOTE E – INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

At December 31, 2011 and 2010, the Plan's investments were held by the Plan custodian. The following is a summary of the Plan's financial information that is included in the financial statements and supplemental schedule based on information certified by John Hancock Life Insurance and Annuity Company, the custodian of the Plan at December 31, 2011, as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

| | December 31, 2011 | December 31, 2010 |
|---|---|---|
| Investments, at fair value: | | |
| Pooled separate accounts | $ - | $ 14,766,728 |
| Investment income: | | |
| Net depreciation in fair value of investments | (664,591) | |

## NOTE F – OTHER LIABILITIES

Other liabilities consist of participant loan payments originally classified as employee contributions. They will be refunded or applied against notes receivable from participants.

## NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

## NOTE H – RELATED PARTY TRANSACTIONS

The plan sponsor has agreed to pay certain administrative expenses on behalf of the Plan. For the year December 31, 2011, a total of $ 40,806 was paid by the sponsor.

## NOTE I – TAX STATUS

The Plan has not received a determination letter from the Internal Revenue Service. It was drafted from a prototype plan and has been amended. Because of the approval status of the prototype plan from which the Plan was drafted, the Plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America Require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

## NOTE J – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, credit, and overall volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values 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 benefits.

# SUPPLEMENTAL INFORMATION

## Schedule H, line 4j
## Schedule of Reportable Transactions.

| Name of Employer | Employer identification number |
|---|---|
| Space Exploration Technologies Corp. | 01-0627671 |

Plan Year 01/01/2011 to 12/31/2011 — Three-digit plan number ▶ 001

| (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) |
|---|---|---|---|---|---|---|---|---|
| John Hancock | 500 Index Fund | 0 | 774364 | 0 | 0 | 721257 | 0 | 53107 |
| John Hancock | International Opps Fund | 0 | 24282 | 0 | 0 | 24477 | 0 | -195 |
| John Hancock | Intl Small Cap Fund | 0 | 59564 | 0 | 0 | 54511 | 0 | 5052 |
| John Hancock | International Value Fund | 0 | 130295 | 0 | 0 | 136784 | 0 | -6489 |
| John Hancock | U.S. Equity Fund | 0 | 26390 | 0 | 0 | 24761 | 0 | 1629 |
| John Hancock | Retirement Living at 2010 | 0 | 222476 | 0 | 0 | 137181 | 0 | 85295 |
| John Hancock | Retirement Living at 2015 | 0 | 292051 | 0 | 0 | 266491 | 0 | 25560 |
| John Hancock | Retirement Living at 2020 | 0 | 403453 | 0 | 0 | 375124 | 0 | 28330 |
| John Hancock | Retirement Living at 2025 | 0 | 373087 | 0 | 0 | 351747 | 0 | 21339 |
| John Hancock | Retirement Living at 2030 | 0 | 452355 | 0 | 0 | 414114 | 0 | 38240 |
| John Hancock | Retirement Living at 2035 | 0 | 240744 | 0 | 0 | 240864 | 0 | -119 |
| John Hancock | Retirement Living at 2040 | 0 | 286033 | 0 | 0 | 262935 | 0 | 23098 |
| John Hancock | Retirement Living at 2045 | 0 | 662447 | 0 | 0 | 638910 | 0 | 23537 |
| John Hancock | Retirement Living at 2050 | 0 | 20658 | 0 | 0 | 20859 | 0 | -201 |
| John Hancock | Mid Cap Index Fund | 0 | 145309 | 0 | 0 | 129842 | 0 | 15467 |
| John Hancock | Mid Cap Stock Fund | 0 | 92787 | 0 | 0 | 94560 | 0 | -1774 |
| John Hancock | Mutual Beacon | 0 | 53882 | 0 | 0 | 50379 | 0 | 3503 |
| John Hancock | JPM MidCap Value Fund | 0 | 129161 | 0 | 0 | 115184 | 0 | 13977 |
| John Hancock | BlackRock Large Value | 0 | 41536 | 0 | 0 | 36296 | 0 | 5240 |
| John Hancock | Lifestyle Moderate | 0 | 1008403 | 0 | 0 | 895032 | 0 | 113371 |
| John Hancock | Money Market Fund | 0 | 2060443 | 0 | 0 | 2062575 | 0 | -2132 |
| John Hancock | Mid Value Fund | 0 | 44434 | 0 | 0 | 35104 | 0 | 9330 |
| John Hancock | Royce Opportunity | 0 | 61335 | 0 | 0 | 55961 | 0 | 5373 |
| John Hancock | PIMCO Global Bond | 0 | 172539 | 0 | 0 | 151533 | 0 | 21006 |
| John Hancock | PIMCO Real Return | 0 | 206289 | 0 | 0 | 186031 | 0 | 20259 |
| John Hancock | Fundamental All Cap Core Fund | 0 | 21515 | 0 | 0 | 20953 | 0 | 561 |
| John Hancock | Real Est. Securities Fund | 0 | 146190 | 0 | 0 | 114425 | 0 | 31766 |
| John Hancock | Columbia Mid Cap Value | 0 | 3033 | 0 | 0 | 3006 | 0 | 27 |
| John Hancock | Small Cap Growth Fund | 0 | 21579 | 0 | 0 | 22620 | 0 | -1041 |
| John Hancock | Franklin Small-Mid Growth | 0 | 73637 | 0 | 0 | 67129 | 0 | 6508 |
| John Hancock | Small Cap Index Fund | 0 | 120180 | 0 | 0 | 107520 | 0 | 12659 |
| John Hancock | Inv Small Cap Growth | 0 | 19882 | 0 | 0 | 17283 | 0 | 2599 |

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

# Schedule H, line 4j
# Schedule of Reportable Transactions.

Name of Employer: Space Exploration Technologies Corp.

Employer identification number: 01-0627671

Plan Year 01/01/2011 to 12/31/2011

Three-digit plan number ▶ 001

| (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) |
|---|---|---|---|---|---|---|---|---|
| John Hancock | DFA U.S. Small Cap Fund | 0 | 128756 | 0 | 0 | 121595 | 0 | 7130 |
| John Hancock | T. Rowe Price Sci & Tech | 0 | 168040 | 0 | 0 | 156273 | 0 | 11767 |
| John Hancock | Strategic Income Opp Fund | 0 | 55380 | 0 | 0 | 52521 | 0 | 2859 |
| John Hancock | Franklin Balance Sheet | 0 | 75168 | 0 | 0 | 69453 | 0 | 5714 |
| John Hancock | Small Cap Value Fund | 0 | 66667 | 0 | 0 | 58705 | 0 | 7962 |
| John Hancock | Domini Social Equity | 0 | 10772 | 0 | 0 | 10210 | 0 | 562 |
| John Hancock | Small Cap Opportunities Fund | 0 | 15453 | 0 | 0 | 14928 | 0 | 525 |
| John Hancock | Science & Technology Fund | 0 | 60484 | 0 | 0 | 57952 | 0 | 2533 |
| John Hancock | Legg Mason ClearBr Agg Growth | 0 | 26376 | 0 | 0 | 24576 | 0 | 1801 |
| John Hancock | PIMCO Total Return | 0 | 172639 | 0 | 0 | 158738 | 0 | 13901 |
| John Hancock | Total Stock Market Index Fund | 0 | 148594 | 0 | 0 | 135549 | 0 | 13045 |
| John Hancock | MFS Utilities | 0 | 138247 | 0 | 0 | 118328 | 0 | 19919 |
| John Hancock | Bridgeway Ultra-Small Co | 0 | 9870 | 0 | 0 | 7445 | 0 | 2425 |
| John Hancock | Davis New York Venture | 0 | 84342 | 0 | 0 | 77428 | 0 | 6913 |
| John Hancock | Energy | 0 | 510401 | 0 | 0 | 486233 | 0 | 24168 |
| John Hancock | Columbia Value & Restructurin | 0 | 116863 | 0 | 0 | 111955 | 0 | 4908 |
| John Hancock | Small Cap Growth Index | 0 | 263915 | 0 | 0 | 238539 | 0 | 25376 |
| John Hancock | Washington Mutual Investors | 0 | 53507 | 0 | 0 | 46580 | 0 | 6927 |
| John Hancock | Oppenheimer Global | 0 | 76964 | 0 | 0 | 76583 | 0 | 381 |

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

# Schedule H, line 4j
# Schedule of Reportable Transactions.

Name of Employer: Space Exploration Technologies Corp.

Employer identification number: 01-0627671

Plan Year 01/01/2011 to 12/31/2011

Three-digit plan number ► 001

| (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) |
|---|---|---|---|---|---|---|---|---|
| John Hancock | Guaranteed Funds | 0 | 70871 | 0 | 0 | 0 | 0 | 0 |
| John Hancock | 10-Year Compound | 0 | 257964 | 0 | 0 | 0 | 0 | 0 |
| John Hancock | 3-Year Compound | 0 | 157894 | 0 | 0 | 0 | 0 | 0 |
| John Hancock | PIMCO All Asset | 0 | 40352 | 0 | 0 | 35775 | 0 | 4577 |
| John Hancock | American Balanced Fund | 0 | 215769 | 0 | 0 | 191742 | 0 | 24028 |
| John Hancock | All Cap Value Fund | 0 | 67942 | 0 | 0 | 64204 | 0 | 3739 |
| John Hancock | Lifestyle Aggressive | 0 | 1754597 | 0 | 0 | 1641153 | 0 | 113444 |
| John Hancock | American Century Vista | 0 | 107131 | 0 | 0 | 98112 | 0 | 9020 |
| John Hancock | Blue Chip Growth Fund | 0 | 155947 | 0 | 0 | 144918 | 0 | 11029 |
| John Hancock | Blackrock Global Allocation | 0 | 65976 | 0 | 0 | 65384 | 0 | 592 |
| John Hancock | Lifestyle Balanced | 0 | 2042976 | 0 | 0 | 1862776 | 0 | 180200 |
| John Hancock | Lifestyle Conservative | 0 | 989922 | 0 | 0 | 895265 | 0 | 94658 |
| John Hancock | Capital Appreciation Fund | 0 | 45729 | 0 | 0 | 43380 | 0 | 2350 |
| John Hancock | T. Rowe Price Equity Inc | 0 | 133926 | 0 | 0 | 132500 | 0 | 1426 |
| John Hancock | DFA Emerging Markets Value | 0 | 310340 | 0 | 0 | 323010 | 0 | -12671 |
| John Hancock | Mutual Global Discovery | 0 | 109450 | 0 | 0 | 103081 | 0 | 6369 |
| John Hancock | Templeton World | 0 | 56121 | 0 | 0 | 54759 | 0 | 1362 |
| John Hancock | Oppenheimer Developing Mkt | 0 | 358491 | 0 | 0 | 337093 | 0 | 21399 |
| John Hancock | EuroPacific Growth Fund | 0 | 296833 | 0 | 0 | 303229 | 0 | -6396 |
| John Hancock | Fundamental Large Cap Value | 0 | 25797 | 0 | 0 | 23563 | 0 | 2234 |
| John Hancock | Explorer | 0 | 36948 | 0 | 0 | 31111 | 0 | 5837 |
| John Hancock | Financial Services Fund | 0 | 29870 | 0 | 0 | 30850 | 0 | -981 |
| John Hancock | The Growth Fund of America | 0 | 225529 | 0 | 0 | 214122 | 0 | 11407 |
| John Hancock | Lifestyle Growth | 0 | 3225575 | 0 | 0 | 3029507 | 0 | 196068 |
| John Hancock | Short-Term Federal | 0 | 171636 | 0 | 0 | 164701 | 0 | 6935 |
| John Hancock | American Century Heritage | 0 | 118829 | 0 | 0 | 134449 | 0 | -15620 |
| John Hancock | T. Rowe Price Health Sci | 0 | 140061 | 0 | 0 | 140972 | 0 | -911 |
| John Hancock | LM Westrn Asset Glb High Yiel | 0 | 107257 | 0 | 0 | 83636 | 0 | 23621 |
| John Hancock | High Yield Fund | 0 | 115950 | 0 | 0 | 119857 | 0 | -3907 |
| John Hancock | Investment Company of America | 0 | 27329 | 0 | 0 | 26475 | 0 | 855 |
| John Hancock | Intl Equity Index Fund | 0 | 185935 | 0 | 0 | 197601 | 0 | -11666 |
| John Hancock | T. Rowe Price Spectrum Inc | 0 | 65550 | 0 | 0 | 58792 | 0 | 6758 |

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

# 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

Space Exploration Technologies 401(k) Plan

Employer Identification Number

01-0627671

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 |
|---|---|---|---|---|
| | Fidelity Cash | Cash | | 18,926,362 |
| | Participant Loans | Interest Rate - 4.25% to 9% | | 1,095,317 |

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

# 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

**Space Exploration Technologies 401(k) Plan**

Employer Identification Number

01-0627671

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 |
|---|---|---|---|---|
| | Fidelity Cash | Cash | | 18,926,362 |
| | Participant Loans | Interest Rate - 4.25% to 9% | | 1,095,317 |
| | Retirement Living at 2035 | Mutual Fund | | 0 |
| | Retirement Living at 2030 | Mutual Fund | | 0 |
| | Retirement Living at 2025 | Mutual Fund | | 0 |
| | Retirement Living at 2020 | Mutual Fund | | 0 |
| | Retirement Living at 2015 | Mutual Fund | | 0 |
| | Retirement Living at 2010 | Mutual Fund | | 0 |
| | Lifestyle Agressive | Mutual Fund | | 0 |
| | Lifestyle Growth | Mutual Fund | | 0 |
| | Lifestyle Balanced | Mutual Fund | | 0 |
| | Lifestyle Moderate | Mutual Fund | | 0 |
| | Lifestyle Conservative | Mutual Fund | | 0 |
| | Real Est. Securities Fund | Mutual Fund | | 0 |
| | DFA Emerging Markets Value | Mutual Fund | | 0 |
| | Royce Opportunity Fund | Mutual Fund | | 0 |
| | International Small Cap Fund | Mutual Fund | | 0 |
| | Science & Technology Fund | Mutual Fund | | 0 |
| | Financial Services Fund | Mutual Fund | | 0 |
| | Small Cap Index Fund | Mutual Fund | | 0 |
| | Bridgeway Ultra-Small Co. | Mutual Fund | | 0 |
| | American Century Vista | Mutual Fund | | 0 |
| | Explorer Fund | Mutual Fund | | 0 |
| | Small Cap Growth Fund | Mutual Fund | | 0 |
| | Inv Small Cap Growth | Mutual Fund | | 0 |
| | EuroPacific Growth Fund | Mutual Fund | | 0 |
| | Franklin Small-Mid Growth | Mutual Fund | | 0 |
| | International Opportunities | Mutual Fund | | 0 |
| | Oppenheimer Developming Mkt | Mutual Fund | | 0 |
| | Energy Fund | Mutual Fund | | 0 |
| | International Value Fund | Mutual Fund | | 0 |
| | Mid Cap Stock Fund | Mutual Fund | | 0 |
| | Columbia Value & Restructuring | Mutual Fund | | 0 |
| | T. Rowe Price Sci & Tech | Mutual Fund | | 0 |
| | DFA U.S. Small Cap Fund | Mutual Fund | | 0 |
| | Small Cap Growth Index | Mutual Fund | | 0 |
| | Intl Equity Index Fund | Mutual Fund | | 0 |
| | Legg Mason ClearBridge Agg Gro | Mutual Fund | | 0 |
| | T. Rowe Price Health Sci | Mutual Fund | | 0 |

# 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

**Space Exploration Technologies 401(k) Plan**

Employer Identification Number

01-0627671

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 |
|---|---|---|---|---|
| | Small Cap Opportunities Fund | Mutual Fund | | 0 |
| | Riversource Mid cap Value | Mutual Fund | | 0 |
| | Small Cap Value Fund | Mutual Fund | | 0 |
| | Blue Chip Growth Fund | Mutual Fund | | 0 |
| | Franklin Balance Sheet | Mutual Fund | | 0 |
| | Mid Cap Index Fund | Mutual Fund | | 0 |
| | Oppenheimer Global Fund | Mutual Fund | | 0 |
| | Optimized All Cap Fund | Mutual Fund | | 0 |
| | Mid Value Fund | Mutual Fund | | 0 |
| | Cap[ital Apprecication Fund | Mutual Fund | | 0 |
| | Templeton World | Mutual Fund | | 0 |
| | Domini Social Equity | Mutual Fund | | 0 |
| | All Cap Value Fund | Mutual Fund | | 0 |
| | JPM MidCap Value Fund | Mutual Fund | | 0 |
| | MFS Utilities | Mutual Fund | | 0 |
| | Total Stock Market Index | Mutual Fund | | 0 |
| | BlackRock Large Value | Mutual Fund | | 0 |
| | The Growth Fund of America | Mutual Fund | | 0 |
| | Large Cap Fund | Mutual Fund | | 0 |
| | Optimized Value Fund | Mutual Fund | | 0 |
| | Davis New York Venture | Mutual Fund | | 0 |
| | T. Rowe Price Equity, Inc. | Mutual Fund | | 0 |
| | 500 Index Fund | Mutual Fund | | 0 |
| | Mutual Beacon | Mutual Fund | | 0 |
| | Washington Mutual Investors | Mutual Fund | | 0 |
| | Investment Company of America | Mutual Fund | | 0 |
| | American Balanced Fund | Mutual Fund | | 0 |
| | BlackRock Global Allocation | Mutual Fund | | 0 |
| | PIMCO All Asset | Mutual Fund | | 0 |
| | Mutual Global Discovery | Mutual Fund | | 0 |
| | Legg Mason Western Asset Glo | Mutual Fund | | 0 |
| | PIMCO Global Bond Fund | Mutual Fund | | 0 |
| | PIMCO Real Return | Mutual Fund | | 0 |
| | T. Rowe Price Spectrum | Mutual Fund | | 0 |
| | Strategic Income Opp Fund | Mutual Fund | | 0 |
| | PIMCO Total Return | Mutual Fund | | 0 |
| | Short-Term Federal | Mutual Fund | | 0 |
| | Money Market Fund | Money Market | | 0 |
| | | | | 0 |

# Schedule H, line 4j
# Schedule of Reportable Transactions.

Name of Employer: **Space Exploration Technologies Corp.**

Employer identification number: **01-0627671**

Plan Year **01/01/2011** to **12/31/2011**

Three-digit plan number ▶ **001**

| (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) |
|---|---|---|---|---|---|---|---|---|
| John Hancock | 500 Index Fund | 0 | 774364 | 0 | 0 | 721257 | 0 | 53107 |
| John Hancock | International Opps Fund | 0 | 24282 | 0 | 0 | 24477 | 0 | -195 |
| John Hancock | Intl Small Cap Fund | 0 | 59564 | 0 | 0 | 54511 | 0 | 5052 |
| John Hancock | International Value Fund | 0 | 130295 | 0 | 0 | 136784 | 0 | -6489 |
| John Hancock | U.S. Equity Fund | 0 | 26390 | 0 | 0 | 24761 | 0 | 1629 |
| John Hancock | Retirement Living at 2010 | 0 | 222476 | 0 | 0 | 137181 | 0 | 85295 |
| John Hancock | Retirement Living at 2015 | 0 | 292051 | 0 | 0 | 266491 | 0 | 25560 |
| John Hancock | Retirement Living at 2020 | 0 | 403453 | 0 | 0 | 375124 | 0 | 28330 |
| John Hancock | Retirement Living at 2025 | 0 | 373087 | 0 | 0 | 351747 | 0 | 21339 |
| John Hancock | Retirement Living at 2030 | 0 | 452355 | 0 | 0 | 414114 | 0 | 38240 |
| John Hancock | Retirement Living at 2035 | 0 | 240744 | 0 | 0 | 240864 | 0 | -119 |
| John Hancock | Retirement Living at 2040 | 0 | 286033 | 0 | 0 | 262935 | 0 | 23098 |
| John Hancock | Retirement Living at 2045 | 0 | 662447 | 0 | 0 | 638910 | 0 | 23537 |
| John Hancock | Retirement Living at 2050 | 0 | 20658 | 0 | 0 | 20859 | 0 | -201 |
| John Hancock | Mid Cap Index Fund | 0 | 145309 | 0 | 0 | 129842 | 0 | 15467 |
| John Hancock | Mid Cap Stock Fund | 0 | 92787 | 0 | 0 | 94560 | 0 | -1774 |
| John Hancock | Mutual Beacon | 0 | 53882 | 0 | 0 | 50379 | 0 | 3503 |
| John Hancock | JPM MidCap Value Fund | 0 | 129161 | 0 | 0 | 115184 | 0 | 13977 |
| John Hancock | BlackRock Large Value | 0 | 41536 | 0 | 0 | 36296 | 0 | 5240 |
| John Hancock | Lifestyle Moderate | 0 | 1008403 | 0 | 0 | 895032 | 0 | 113371 |
| John Hancock | Money Market Fund | 0 | 2060443 | 0 | 0 | 2062575 | 0 | -2132 |
| John Hancock | Mid Value Fund | 0 | 44434 | 0 | 0 | 35104 | 0 | 9330 |
| John Hancock | Royce Opportunity | 0 | 61335 | 0 | 0 | 55961 | 0 | 5373 |
| John Hancock | PIMCO Global Bond | 0 | 172539 | 0 | 0 | 151533 | 0 | 21006 |
| John Hancock | PIMCO Real Return | 0 | 206289 | 0 | 0 | 186031 | 0 | 20259 |
| John Hancock | Fundamental All Cap Core Fund | 0 | 21515 | 0 | 0 | 20953 | 0 | 561 |
| John Hancock | Real Est. Securities Fund | 0 | 146190 | 0 | 0 | 114425 | 0 | 31766 |
| John Hancock | Columbia Mid Cap Value | 0 | 3033 | 0 | 0 | 3006 | 0 | 27 |
| John Hancock | Small Cap Growth Fund | 0 | 21579 | 0 | 0 | 22620 | 0 | -1041 |
| John Hancock | Franklin Small-Mid Growth | 0 | 73637 | 0 | 0 | 67129 | 0 | 6508 |
| John Hancock | Small Cap Index Fund | 0 | 120180 | 0 | 0 | 107520 | 0 | 12659 |
| John Hancock | Inv Small Cap Growth | 0 | 19882 | 0 | 0 | 17283 | 0 | 2599 |

# Schedule H, line 4j
# Schedule of Reportable Transactions.

Name of Employer: Space Exploration Technologies Corp.

Employer identification number: 01-0627671

Plan Year 01/01/2011 to 12/31/2011

Three-digit plan number ▶ 001

| (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) |
|---|---|---|---|---|---|---|---|---|
| John Hancock | DFA U.S. Small Cap Fund | 0 | 128756 | 0 | 0 | 121595 | 0 | 7130 |
| John Hancock | T. Rowe Price Sci & Tech | 0 | 168040 | 0 | 0 | 156273 | 0 | 11767 |
| John Hancock | Strategic Income Opp Fund | 0 | 55380 | 0 | 0 | 52521 | 0 | 2859 |
| John Hancock | Franklin Balance Sheet | 0 | 75168 | 0 | 0 | 69453 | 0 | 5714 |
| John Hancock | Small Cap Value Fund | 0 | 66667 | 0 | 0 | 58705 | 0 | 7962 |
| John Hancock | Domini Social Equity | 0 | 10772 | 0 | 0 | 10210 | 0 | 562 |
| John Hancock | Small Cap Opportunities Fund | 0 | 15453 | 0 | 0 | 14928 | 0 | 525 |
| John Hancock | Science & Technology Fund | 0 | 60484 | 0 | 0 | 57952 | 0 | 2533 |
| John Hancock | Legg Mason ClearBr Agg Growth | 0 | 26376 | 0 | 0 | 24576 | 0 | 1801 |
| John Hancock | PIMCO Total Return | 0 | 172639 | 0 | 0 | 158738 | 0 | 13901 |
| John Hancock | Total Stock Market Index Fund | 0 | 148594 | 0 | 0 | 135549 | 0 | 13045 |
| John Hancock | MFS Utilities | 0 | 138247 | 0 | 0 | 118328 | 0 | 19919 |
| John Hancock | Bridgeway Ultra-Small Co | 0 | 9870 | 0 | 0 | 7445 | 0 | 2425 |
| John Hancock | Davis New York Venture | 0 | 84342 | 0 | 0 | 77428 | 0 | 6913 |
| John Hancock | Energy | 0 | 510401 | 0 | 0 | 486233 | 0 | 24168 |
| John Hancock | Columbia Value & Restructurin | 0 | 116863 | 0 | 0 | 111955 | 0 | 4908 |
| John Hancock | Small Cap Growth Index | 0 | 263915 | 0 | 0 | 238539 | 0 | 25376 |
| John Hancock | Washington Mutual Investors | 0 | 53507 | 0 | 0 | 46580 | 0 | 6927 |
| John Hancock | Oppenheimer Global | 0 | 76964 | 0 | 0 | 76583 | 0 | 381 |

# Schedule H, line 4j
# Schedule of Reportable Transactions.

Name of Employer: Space Exploration Technologies Corp.

Employer identification number: 01-0627671

Plan Year 01/01/2011 to 12/31/2011

Three-digit plan number ▶ 001

| (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) |
|---|---|---|---|---|---|---|---|---|
| John Hancock | Guaranteed Funds | 0 | 70871 | 0 | 0 | 0 | 0 | 0 |
| John Hancock | 10-Year Compound | 0 | 257964 | 0 | 0 | 0 | 0 | 0 |
| John Hancock | 3-Year Compound | 0 | 157894 | 0 | 0 | 0 | 0 | 0 |
| John Hancock | PIMCO All Asset | 0 | 40352 | 0 | 0 | 35775 | 0 | 4577 |
| John Hancock | American Balanced Fund | 0 | 215769 | 0 | 0 | 191742 | 0 | 24028 |
| John Hancock | All Cap Value Fund | 0 | 67942 | 0 | 0 | 64204 | 0 | 3739 |
| John Hancock | Lifestyle Aggressive | 0 | 1754597 | 0 | 0 | 1641153 | 0 | 113444 |
| John Hancock | American Century Vista | 0 | 107131 | 0 | 0 | 98112 | 0 | 9020 |
| John Hancock | Blue Chip Growth Fund | 0 | 155947 | 0 | 0 | 144918 | 0 | 11029 |
| John Hancock | Blackrock Global Allocation | 0 | 65976 | 0 | 0 | 65384 | 0 | 592 |
| John Hancock | Lifestyle Balanced | 0 | 2042976 | 0 | 0 | 1862776 | 0 | 180200 |
| John Hancock | Lifestyle Conservative | 0 | 989922 | 0 | 0 | 895265 | 0 | 94658 |
| John Hancock | Capital Appreciation Fund | 0 | 45729 | 0 | 0 | 43380 | 0 | 2350 |
| John Hancock | T. Rowe Price Equity Inc | 0 | 133926 | 0 | 0 | 132500 | 0 | 1426 |
| John Hancock | DFA Emerging Markets Value | 0 | 310340 | 0 | 0 | 323010 | 0 | -12671 |
| John Hancock | Mutual Global Discovery | 0 | 109450 | 0 | 0 | 103081 | 0 | 6369 |
| John Hancock | Templeton World | 0 | 56121 | 0 | 0 | 54759 | 0 | 1362 |
| John Hancock | Oppenheimer Developing Mkt | 0 | 358491 | 0 | 0 | 337093 | 0 | 21399 |
| John Hancock | EuroPacific Growth Fund | 0 | 296833 | 0 | 0 | 303229 | 0 | -6396 |
| John Hancock | Fundamental Large Cap Value | 0 | 25797 | 0 | 0 | 23563 | 0 | 2234 |
| John Hancock | Explorer | 0 | 36948 | 0 | 0 | 31111 | 0 | 5837 |
| John Hancock | Financial Services Fund | 0 | 29870 | 0 | 0 | 30850 | 0 | -981 |
| John Hancock | The Growth Fund of America | 0 | 225529 | 0 | 0 | 214122 | 0 | 11407 |
| John Hancock | Lifestyle Growth | 0 | 3225575 | 0 | 0 | 3029507 | 0 | 196068 |
| John Hancock | Short-Term Federal | 0 | 171636 | 0 | 0 | 164701 | 0 | 6935 |
| John Hancock | American Century Heritage | 0 | 118829 | 0 | 0 | 134449 | 0 | -15620 |
| John Hancock | T. Rowe Price Health Sci | 0 | 140061 | 0 | 0 | 140972 | 0 | -911 |
| John Hancock | LM Westrn Asset Glb High Yiel | 0 | 107257 | 0 | 0 | 83636 | 0 | 23621 |
| John Hancock | High Yield Fund | 0 | 115950 | 0 | 0 | 119857 | 0 | -3907 |
| John Hancock | Investment Company of America | 0 | 27329 | 0 | 0 | 26475 | 0 | 855 |
| John Hancock | Intl Equity Index Fund | 0 | 185935 | 0 | 0 | 197601 | 0 | -11666 |
| John Hancock | T. Rowe Price Spectrum Inc | 0 | 65550 | 0 | 0 | 58792 | 0 | 6758 |