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
GA TELESIS, LLC PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

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

GA TELESIS, LLC

1850 N.W. 49TH STREET
FORT LAUDERDALE, FL 33309

2b Employer Identification Number (EIN) 04-3625920

2c Sponsor's telephone number 954-676-3111

2d Business code (see instructions) 488100

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	ABDOL MOABERY
	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")
GA TELESIS, LLC

1850 N.W. 49TH STREET
FORT LAUDERDALE, FL 33309

3b Administrator's EIN
04-3625920

3c Administrator's telephone number
954-676-3111

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**	217
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**	202
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	42
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	244
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	244
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	175
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	21
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:
2A 2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	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
GA TELESIS, LLC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GA TELESIS, LLC

D Employer Identification Number (EIN)
04-3625920

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 USA

(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	Policy or contract year (g) To
01-0233346	65838	27412	187	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
15214	12

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
UNITED CAPITAL FINANCIAL ADVISORS
500 NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
15174			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE PENSION COMPANY
1675 NORTH MILITARY TRAIL
SUITE 570
BOCA RATON, FL 33486

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
40			5

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

VANGUARD GROUP, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	12	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	76162
5	Current value of plan's interest under this contract in separate accounts at year end	5	3105070

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 ▶ GUARANTEED INTEREST ACCOUNT

b	Balance at the end of the previous year			7b	58179
c	Additions: (1) Contributions deposited during the year	7c(1)	17970		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	635		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶ NONE				
	(6) Total additions			7c(6)	18605
d	Total of balance and additions (add **b** and **c(6)**).			7d	76784
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	465		
	▶ CONTRACT ADMINISTRATOR FEES; RIA INVESTMENT ADVISORY FEES				
	(5) Total deductions			7e(5)	465
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	76319

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 GA TELESIS, LLC PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GA TELESIS, LLC	**D** Employer Identification Number (EIN) 04-3625920

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67	RECORDKEEPER	0	Yes [ ] No [X]	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
GA TELESIS, LLC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GA TELESIS, LLC

D Employer Identification Number (EIN)
04-3625920

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: JOHN HANCOCK USA

b Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2045

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
01-0233346-000	P	12286

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

b Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2040

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
01-0233346-000	P	42546

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

b Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2035

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	29375

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

b Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2030

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	9099

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

b Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2025

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	7945

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

b Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2020

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	14075

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

b Name of sponsor of entity listed in (a): RETIREMENT LIVING AT 2015

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
01-0233346-000	P	350

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): LIFESTYLE AGGRESSIVE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250051
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): LIFESTYLE GROWTH		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 664687
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): LIFESTYLE BALANCED		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 568044
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): LIFESTYLE MODERATE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51172
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): LIFESTYLE CONSERVATIVE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61071
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): FIDELITY ADVISOR GOLD FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11440
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): NATURAL RESOURCES FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13366
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): DFA EMERGING MARKETS VALUE FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13238
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): ROYCE OPPORTUNITY FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10745
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): INTL SMALL CAP FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12920

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): FIDELITY ADV LEVERAGED CO STK FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9185
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): OPPENHEIMER DEVELOPING MKT FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78747
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): ENERGY		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41301
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): SSGA MID GROWTH INDEX FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10266
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): T. ROWE PRICE SCI & TECH		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20217
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): DFA U.S. SMALL CAP FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29692
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): SMALL CAP GROWTH INDEX		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1684
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): INTL EQUITY INDEX FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12113
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): SMALLCAP WORLD FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10858
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): NEW WORLD FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6103

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): SCIENCE & TECHNOLOGY FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26927
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): FINANCIAL SERVICES FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17562
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): AMERICAN CENTURY HERITAGE FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6764
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): EXPLORER		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6302
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): INV SMALL CAP GROWTH		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7273
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): OPPENHEIMER INTL GROWTH FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9357
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): EUROPACIFIC GROWTH FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32476
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): FRANKLIN SMALL-MID GROWTH		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11531
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): PRU JENNISON 20/20 FOCUS FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11149
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): TURNER LARGE GROWTH FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8332

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): SMALL COMPANY VALUE FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5667
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): BLUE CHIP GROWTH FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11785
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): FRANKLIN BALANCE SHEET		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8700
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): VALUE FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7721
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): MID CAP INDEX FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9612
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): T. ROWE PRICE SML CAP VAL		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 682
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): OPPENHEIMER GLOBAL		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4628
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): CAPITAL WORLD GROWTH & INCOME		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8085
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): TEMPLETON WORLD		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6268
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK RAINIER GROWTH		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4808

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): UTILITIES FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1661
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): MFS UTILITIES		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7096
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): TOTAL STOCK MARKET INDEX FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13346
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): THE GROWTH FUND OF AMERICA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19458
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): FIDELITY AVD NEW INSIGHTS		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6753
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): FUNDAMENTAL LARGE CAP VALUE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22126
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): DAVIS NEW YORK VENTURE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2975
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): T. ROWE PRICE EQUITY INCOME		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7079
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): VALUE INDEX FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6488
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): 500 INDEX FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18308

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): WASHINGTON MUTUAL INVESTORS		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7684
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): INVESTMENT COMPANY OF AMERICA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8705
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): IVY ASSET STRATEGY FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7065
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): AMERICAN BALANCED FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6621
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): PIMCO ALL ASSET		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2758
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): MUTUAL GLOBAL DISCOVERY		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12778
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): GLOBAL BOND FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1570
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): REAL RETURN BOND FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1566
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): PIMCO GLOBAL BOND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14873
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): OPPENHEIMER INTL BOND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1435

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): PIMCO REAL RETURN		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91414
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): T. ROWE PRICE SPECTRUM INC		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1511
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): STRATEGIC INCOME OPP FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1537
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): ACTIVE BOND FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1543
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): INVESTMENT QUAL BOND FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1511
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): TOTAL RETURN FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8902
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): CORE BOND FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1516
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): PIMCO TOTAL RETURN		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84249
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): TOTAL BOND MARKET FUND		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1484
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA		
b Name of sponsor of entity listed in (a): SHORT-TERM FEDERAL		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8370

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

b Name of sponsor of entity listed in (a): MONEY MARKET FUND

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534481

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
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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
GA TELESIS, LLC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GA TELESIS, LLC

D Employer Identification Number (EIN)
04-3625920

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	34571	46269
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	450	450
(2) Participant contributions	1b(2)	900	925
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	485860	538112
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2194762	2604608
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	58992	77146
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2775535	3267510
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1800	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	1800	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2773735	3267510

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)	226166	
(B) Participants	2a(1)(B)	516989	
(C) Others (including rollovers)	2a(1)(C)	150315	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		893470
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-119296
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		1800
d	Total income. Add all **income** amounts in column (b) and enter total	2d		775974
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	258050	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		258050
f	Corrective distributions (see instructions)	2f		2818
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: **(1)** Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)	6144	
	(3) Investment advisory and management fees	2i(3)	15174	
	(4) Other	2i(4)	13	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		21331
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		282199
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		493775
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GOLDSTEIN ZUGMAN WEINSTEIN ETAL **(2)** EIN: 20-0453834

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
GA TELESIS, LLC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GA TELESIS, LLC

D Employer Identification Number (EIN)
04-3625920

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):

GA TELESIS, LLC PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2011 and 2010

GA TELESIS, LLC PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2011 and 2010

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GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE, LLC

Certified Public Accountants and Consultants

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
GA Telesis, LLC Profit Sharing Plan
Fort Lauderdale, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of GA Telesis, LLC Profit Sharing Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the years ended December 31, 2011 and 2010, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

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

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the investment 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Goldstein, Zugman, Weinstein & Poole, LLC
Sunrise, Florida
October 15, 2012

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GA TELESIS, LLC PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2011 and 2010

	2011	2010
ASSETS		
Cash	$ 46,269	$ 34,571
Contributions Receivable	1,375	1,350
Investments:		
Guaranteed Investment Contract Accounts	77,146	58,992
Pooled/Separate Accounts	3,142,720	2,680,622
Total Investments	3,219,866	2,739,614
TOTAL ASSETS	3,267,510	2,775,535
LIABILITIES		
Due to Plan Sponsor	-	1,800
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,267,510	$ 2,773,735

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

GA TELESIS, LLC PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2011 and 2010

	2011	2010
ADDITIONS TO (LOSSES OF) NET ASSETS ATTRIBUTED TO:		
Investment Income (Loss) - Pooled/Separate Accounts	$ (139,462)	$ 249,796
Income - Guaranteed Investment Contract Accounts	635	704
	(138,827)	250,500
Contributions:		
Participants'	667,304	421,798
Employer's	226,166	176,822
	893,470	598,620
Net Additions to Net Assets	754,643	849,120
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid Directly to Participants	260,868	170,495
Net Increase in Net Assets Available for Benefits	493,775	678,625
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of Year	2,773,735	2,095,110
NET ASSETS AVAILABLE FOR BENEFITS, End of Year	$ 3,267,510	$ 2,773,735

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

NOTE A – DESCRIPTION OF PLAN

The following description of GA Telesis, LLC Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all full-time employees of GA Telesis, LLC (the "Company") who have at least three months of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective January 1, 2009 (see Note G).

Contributions. Each year, participants may contribute pretax annual compensation, as defined in the Plan, to a maximum as defined by Internal Revenue Code Section 402(g), which placed contribution limits from each participant at $16,500 for 2011 and 2010. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company makes discretionary matching contributions and matched 50% of participant contributions up to a maximum match of 3% of salary during 2011 and 2010. Contributions are subject to certain additional limitations. The Plan sponsor may also make an optional profit sharing contribution at its discretion.

Investment Options. Participants direct the investment of their contributions and matching contributions into various investment options offered by the Plan. The Plan offers various mutual funds and insurance investment contracts as investment options for participants.

Participant Accounts. Each participant's account is credited with the participant's contributions, net investment earnings on the account balance and his/her share of the Company's contributions. Investment earnings and losses result from each participant's self-directed account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after five years of credited service, which is accelerated if the Plan should become top heavy.

Participant Loans. The Plan does not provide for loans to participants.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments. For termination of service due to other reasons, a participant generally receives the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts. At December 31, 2011 and 2010, forfeited non-vested accounts totaled $11,698 and $18,895, respectively. These amounts will be used to reduce future employer contributions.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. *Basis of Accounting*

   The financial statements of the plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

2. *Estimates*

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

3. *Investment Valuation and Income Recognition*

   The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

   Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

4. *Operating Expenses*

   All expenses of maintaining the Plan are paid by the Company (see Note C).

NOTE C – CASH

The Plan maintains its cash balance in an account that is held by John Hancock Life Insurance Company (U.S.A.) ("John Hancock"), the Plan's investment custodian. This account is funded by forfeitures of participant balances. Under the terms of the Plan, this balance is available solely to reduce the Company's contributions or to pay any operating expenses that may not be paid by the Company (see Note B). The cash balance was $46,269 and $34,571 at December 31, 2011 and 2010, respectively.

NOTE D – INVESTMENTS

All of the Plan's investments are held by John Hancock and are participant directed. The following table presents investments at December 31, 2011 and 2010.

	2011	2010
Investments:		
Guaranteed Investment Accounts	$ 77,146	$ 58,992
Pooled/Separate Accounts	3,142,720	2,680,622
	$ 3,219,866	$ 2,739,614

NOTE D – INVESTMENTS (continued)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature 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 are unobservable and 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 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using an income approach based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

For those assets with fair value measured using Level 3 inputs, the Plan administrator determines the fair value measurement policies and procedures in consultation with the Company's chief financial officer and the Plan trustee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

NOTE D – INVESTMENTS (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010:

	Fair Value	Fair Value Measurements at the End of the Reporting Period Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2011			
Mutual funds:			
Index fund	$ 47,483	$ 47,483	$ -
Balanced fund	589,773	589,773	-
Growth funds	1,506,978	1,506,978	-
Fixed income funds	21,739	21,739	-
Value funds	976,747	976,747	-
Total mutual funds	3,142,720	3,142,720	-
Guaranteed investment contract with insurance company	77,146	-	77,146
Total Assets at Fair Value	$ 3,219,866	$ 3,142,720	$ 77,146
December 31, 2010			
Mutual funds:			
Index fund	$ 78,633	$ 78,633	$ -
Balanced fund	414,832	414,832	-
Growth funds	1,442,131	1,442,131	-
Fixed income funds	9,226	9,226	-
Value funds	735,800	735,800	-
Total mutual funds	2,680,622	2,680,622	-
Guaranteed investment contract with insurance company	58,992	-	58,992
Total Assets at Fair Value	$ 2,739,614	$ 2,680,622	$ 58,992

NOTE D – INVESTMENTS (continued)

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed investment contract with John Hancock, USA for the years ended December 31, 2011 and 2010:

December 31, 2011

Beginning balance	$	58,992
Net gains included in changes in net assets available for benefits		649
Purchases and settlements:		
Purchases		17,970
Settlements		(465)
Ending Balance	$	77,146
The amount of total gains for the year included in changes in net assets available for benefits attributable to the changes in unrealized gains relating to assets held at the end of the reporting period	$	827

December 31, 2010

Beginning balance	$	40,934
Net gains included in changes in net assets available for benefits		1,517
Purchases and settlements:		
Purchases		16,898
Settlements		(357)
Ending Balance	$	58,992
The amount of total gains for the year included in changes in net assets available for benefits attributable to the changes in unrealized gains relating to assets held at the end of the reporting period	$	456

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2011 and 2010 are reported in net income or loss on investments.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2011 and 2010, there were no significant transfers into or out of Level 3.

NOTE E – PARTY-IN-INTEREST TRANSACTIONS

John Hancock provides certain investment management and administrative services to the Plan. John Hancock is also the Plan's investment custodian and, therefore, these transactions qualify as party-in-interest transactions. No fees were paid by the Plan for these services.

The Pension Company is the Plan's third party administrator and received fees for recordkeeping and other administrative functions directly from the Plan Sponsor.

NOTE F – PLAN TERMINATION

Although it has not expressed any interest to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account balances.

NOTE G – TAX STATUS

The Plan obtained its latest determination letter as of March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended and restated (see Note A) since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE H – RISKS AND UNCERTAINTIES

Investments

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

Uncertain Tax Positions

FASB Accounting Standards Codification Subtopic 740-10, ("ASC 740-10"), *Accounting for Uncertainty in Income Taxes*, provides guidance as it relates to an entity's recognition, measurement, and disclosure of positions taken or expected to be taken on its tax return(s). ASC 740-10 requires that financial statements reflect the expected future tax consequences of such positions, assuming the tax authorities have full knowledge of position and all relevant facts.

ASC 740-10 applies only to taxes based on income. Under the rules, companies must determine and assess all material positions existing as of the date the Subtopic is adopted, including all significant uncertain positions, and all tax years that are open to assessment or challenge under tax statues. Additionally, those positions that have only timing consequences are analyzed and separated based on ASC 740-10's recognition and measurement model.

NOTE H – RISKS AND UNCERTAINTIES (continued)

Uncertain Tax Positions (continued)

ASC 740-10 also requires disclosures of the Plan's accounting policy regarding interest and penalties related to income taxes and of the tax years in each jurisdiction that are open to assessment or challenge under tax statues. The Plan's policy is to record such interest and penalties upon assessment by the relevant taxing authorities, although no such amounts were incurred during 2011 and 2010.

The Plan open tax years for Federal purposes are the years ended December 31, 2009, 2010 and 2011.

NOTE I – SUBSEQUENT EVENTS

The Plan's management has considered the effects of events occurring subsequent to December 31, 2011 and through October 15, 2012, the date that these financial statements were available to be issued, and has determined that no subsequent events have occurred that would require adjustment to, or disclosure in, these financial statements.

SUPPLEMENTAL SCHEDULE

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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	B Three-digit plan number (PN) ▶	
GA Telesis, LLC Profit Sharing Plan		001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
GA Telesis, LLC	04-3625920	

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	34571	46269
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	450	450
(2) Participant contributions	1b(2)	900	925
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	485860	538112
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2194762	2604608
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	58992	77146
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2775535	3267510
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1800	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	1800	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2773735	3267510

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)	226166	
(B) Participants	2a(1)(B)	516989	
(C) Others (including rollovers)	2a(1)(C)	150315	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		893470
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A), (B),** and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-119296
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1800
d Total income. Add all **income** amounts in column (b) and enter total	2d		775974
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	258050	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		258050
f Corrective distributions (see instructions)	2f		2818
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6144	
(3) Investment advisory and management fees	2i(3)	15174	
(4) Other	2i(4)	13	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		21331
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		282199
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		493775
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: Goldstein Zugman Weinstein etal (2) EIN: 20-0453834

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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):

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

Name of Plan:

► GA Telesis, LLC Profit Sharing Plan

Employer Identification Number:► 04-3625920

For plan year (beginning/ending):► 01/01/2011 through 12/31/2011 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
	JH Cash Account	Non-Interest Bearing Cash		46269
	JH Guaranteed Interest Acct 3-Year	Insurance Company General Acct		66485
	JH Guaranteed Interest Acct 5-Year	Insurance Company General Acct		10661
	JH Retirement Living at 2045	Pooled Separate Account		12500
	JH Retirement Living at 2040	Pooled Separate Account		43296
	JH Retirement Living at 2035	Pooled Separate Account		29824
	JH Retirement Living at 2030	Pooled Separate Account		9404
	JH Retirement Living at 2025	Pooled Separate Account		8446.28
	JH Retirement Living at 2020	Pooled Separate Account		14738
	JH Retirement Living at 2015	Pooled Separate Account		350
	JH Lifestyle Aggressive	Pooled Separate Account		253649
	JH Lifestyle Growth	Pooled Separate Account		674955
	JH Lifestyle Balanced	Pooled Separate Account		574401
	JH Lifestyle Moderate	Pooled Separate Account		51989
	JH Lifestyle Conservative	Pooled Separate Account		62075
	Fidelity Advisor Gold Fund	Pooled Separate Account		11600
	JH Natural Resources Fund	Pooled Separate Account		13411
	DFA Emerging Markets Fund	Pooled Separate Account		13299
	Royce Opportunity	Pooled Separate Account		10774
	JH Intl Small Cap Fund	Pooled Separate Account		12920
	Fidelity Adv Leveraged Co Stk	Pooled Separate Account		9185
	Oppenheimer Developing Mkt	Pooled Separate Account		79010
	JH Energy	Pooled Separate Account		41573
	JH Mid-Cap Growth Index Fund	Pooled Separate Account		10266
	T. Rowe Price Sci & Tech	Pooled Separate Account		20396
	DFA U.S. Small Cap Fund	Pooled Separate Account		29692
	JH Small Cap Growth Index	Pooled Separate Account		1713
	JH Intl Equity Index Fund	Pooled Separate Account		12199
	JH SMALLCAP World Fund	Pooled Separate Account		10858
	JH New World Fund	Pooled Separate Account		6237
	JH Science & Technology Fund	Pooled Separate Account		27170
	JH Financial Services Fund	Pooled Separate Account		17562
	Americn Century Heritage Fund	Pooled Separate Account		6914
	Vanguard Explorer Fund	Pooled Separate Account		6868
	Inv Small Cap Growth	Pooled Separate Account		7334
	Oppenheimer Intl Growth Fund	Pooled Separate Account		9357
	JH EuroPacific Growth Fund	Pooled Separate Account		32928
	Franklin Small-Mid Growth	Pooled Separate Account		11592
	Pru Jennison 20/20 Focus Fund	Pooled Separate Account		11149
	Turner Core Growth Fund	Pooled Separate Account		8332
	JH Small Company Value Fund	Pooled Separate Account		5723

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
GA Telesis, LLC Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

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

GA Telesis, LLC

1850 N.W. 49th Street

Fort Lauderdale FL 33309

2b Employer Identification Number (EIN) 04-3625920

2c Sponsor's telephone number 954-676-3111

2d Business code (see instructions) 488100

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	Signature of plan administrator	Date	Abdol Moabery Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Abdol Moabery 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")
GA Telesis, LLC

1850 N.W. 49th Street

Fort Lauderdale FL 33309

3b Administrator's EIN: 04-3625920

3c Administrator's telephone number: 954-676-3111

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**	217
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**	202
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	42
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	244
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	244
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	175
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	21
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:
2A 2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	(1)	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(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 H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► GA Telesis, LLC Profit Sharing Plan

Employer Identification Number:► 04-3625920

For plan year (beginning/ending):► 01/01/2011 through 12/31/2011 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
	JH Cash Account	Non-Interest Bearing Cash		46269
	JH Guaranteed Interest Acct 3-Year	Insurance Company General Acct		66485
	JH Guaranteed Interest Acct 5-Year	Insurance Company General Acct		10661
	JH Retirement Living at 2045	Pooled Separate Account		12500
	JH Retirement Living at 2040	Pooled Separate Account		43296
	JH Retirement Living at 2035	Pooled Separate Account		29824
	JH Retirement Living at 2030	Pooled Separate Account		9404
	JH Retirement Living at 2025	Pooled Separate Account		8446.28
	JH Retirement Living at 2020	Pooled Separate Account		14738
	JH Retirement Living at 2015	Pooled Separate Account		350
	JH Lifestyle Aggressive	Pooled Separate Account		253649
	JH Lifestyle Growth	Pooled Separate Account		674955
	JH Lifestyle Balanced	Pooled Separate Account		574401
	JH Lifestyle Moderate	Pooled Separate Account		51989
	JH Lifestyle Conservative	Pooled Separate Account		62075
	Fidelity Advisor Gold Fund	Pooled Separate Account		11600
	JH Natural Resources Fund	Pooled Separate Account		13411
	DFA Emerging Markets Fund	Pooled Separate Account		13299
	Royce Opportunity	Pooled Separate Account		10774
	JH Intl Small Cap Fund	Pooled Separate Account		12920
	Fidelity Adv Leveraged Co Stk	Pooled Separate Account		9185
	Oppenheimer Developing Mkt	Pooled Separate Account		79010
	JH Energy	Pooled Separate Account		41573
	JH Mid-Cap Growth Index Fund	Pooled Separate Account		10266
	T. Rowe Price Sci & Tech	Pooled Separate Account		20396
	DFA U.S. Small Cap Fund	Pooled Separate Account		29692
	JH Small Cap Growth Index	Pooled Separate Account		1713
	JH Intl Equity Index Fund	Pooled Separate Account		12199
	JH SMALLCAP World Fund	Pooled Separate Account		10858
	JH New World Fund	Pooled Separate Account		6237
	JH Science & Technology Fund	Pooled Separate Account		27170
	JH Financial Services Fund	Pooled Separate Account		17562
	Americn Century Heritage Fund	Pooled Separate Account		6914
	Vanguard Explorer Fund	Pooled Separate Account		6868
	Inv Small Cap Growth	Pooled Separate Account		7334
	Oppenheimer Intl Growth Fund	Pooled Separate Account		9357
	JH EuroPacific Growth Fund	Pooled Separate Account		32928
	Franklin Small-Mid Growth	Pooled Separate Account		11592
	Pru Jennison 20/20 Focus Fund	Pooled Separate Account		11149
	Turner Core Growth Fund	Pooled Separate Account		8332
	JH Small Company Value Fund	Pooled Separate Account		5723

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

Name of Plan:

► GA Telesis, LLC Profit Sharing Plan

Employer Identification Number:► 04-3625920

For plan year (beginning/ending):► 01/01/2011 through 12/31/2011 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
	JH Blue Chip Growth Fund	Pooled Separate Account		11924
	Franklin Balance Sheet	Pooled Separate Account		8700
	JH Value Fund	Pooled Separate Account		7796
	JH Mid Cap Index Fund	Pooled Separate Account		9688
	T. Rowe Price Small Company Value	Pooled Separate Account		816
	Oppenheimer Global	Pooled Separate Account		4705
	JH Capital World Growth & Income	Pooled Separate Account		8317
	Templeton World	Pooled Separate Account		6352
	JH Rainier Grow	Pooled Separate Account		4908
	JH Utilities Fund	Pooled Separate Account		1680
	MFS Utilities	Pooled Separate Account		7236
	JH Total Stock Market Index Fund	Pooled Separate Account		13346
	Amer Fds Growth Fund of America	Pooled Separate Account		19612
	Fidelity Adv New Insights	Pooled Separate Account		6848
	JH Optimized Value Fund	Pooled Separate Account		22194
	Davis New York Venture	Pooled Separate Account		2975
	T. Rowe Price Equity Inc	Pooled Separate Account		7264
	Vanguard Small Cap Value Fund	Pooled Separate Account		7053
	JH 500 Index Fund	Pooled Separate Account		18543
	Washington Mutual Investors	Pooled Separate Account		7759
	Amer Fds Investment Co of America	Pooled Separate Account		8770
	Ivy Asset Strategy Fund	Pooled Separate Account		7163
	American Balanced Fund	Pooled Separate Account		6672
	PIMCO All Asset	Pooled Separate Account		2790
	Mutual Global Discovery	Pooled Separate Account		12778
	JH Global Bond Fund	Pooled Separate Account		1588
	JH Real Return Bond Fund	Pooled Separate Account		1585
	PIMCO Global Bond	Pooled Separate Account		15531
	Oppenheimer Intl Bond	Pooled Separate Account		1454
	PIMCO Real Return	Pooled Separate Account		92687
	T. Rowe Price Spectrum Inc	Pooled Separate Account		1529
	JH Strategic Income Opp Fund	Pooled Separate Account		1555
	JH Active Bond Fund	Pooled Separate Account		1561
	JH Investment Qual Bond Fund	Pooled Separate Account		1530
	JH Total Return Fund	Pooled Separate Account		9019
	JH Core Bond Fund	Pooled Separate Account		1535
	PIMCO Total Return	Pooled Separate Account		85548
	JH Total Bond Market Fund	Pooled Separate Account		1503
	JH Short-Term Federal	Pooled Separate Account		8408
	JH Money Market Fund	Interest Bearing Cash		538112