

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                                |                                                                                 |                                            |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                            | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                            | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                            | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                                                                                    |                                                                |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information |              |  |
| <b>1a</b> Name of plan<br>FORTUNE PLASTICS, INC. 401(K) PENSION PLAN<br><br><br><b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>FORTUNE PLASTICS, INC.<br><br><br>ONE WILLIAMS LANE<br>OLD SAYBROOK, CT 06475 | <b>1b</b> Three-digit plan number (PN) ►                       | 004          |  |
|                                                                                                                                                                                                                                                                                                    | <b>1c</b> Effective date of plan                               | 06/30/1969   |  |
|                                                                                                                                                                                                                                                                                                    | <b>2b</b> Employer Identification Number (EIN)                 | 06-0699218   |  |
|                                                                                                                                                                                                                                                                                                    | <b>2c</b> Sponsor's telephone number                           | 860-388-3426 |  |
|                                                                                                                                                                                                                                                                                                    | <b>2d</b> Business code (see instructions)                     | 326100       |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2010 | JOHN MATHIEU                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2010 | JOHN MATHIEU                                                 |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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")

FORTUNE PLASTICS, INC.

ONE WILLIAMS LANE  
OLD SAYBROOK, CT 06475**3b** Administrator's EIN

06-0699218

**3c** Administrator's telephone number

860-388-3426

**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**

248

**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**

319

**b** Retired or separated participants receiving benefits.....**6b**

0

**c** Other retired or separated participants entitled to future benefits.....**6c**

46

**d** Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

365

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

**f** Total. Add lines **6d** and **6e**.....**6f**

365

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

251

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

5

**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2F 2G 2K 2R 3H 2S 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

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

|                                                                                                      |                                                                         |  |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009           |                                                                         |  |
| <div>A Name of plan</div> <div>FORTUNE PLASTICS, INC. 401(K) PENSION PLAN</div>                      | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>004</div>   |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>FORTUNE PLASTICS, INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>06-0699218</div> |  |

|        |                                                                                                                                                                                                                                                                    |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div> |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| <div>(a) Name of insurance carrier</div> <div>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</div> |
|-------------------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | MR 60396                              | 252                                                                         | 01/01/2009              | 12/31/2009 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 37826                                | 0                             |

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

|                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid</div> <div>SBHU LIFE AGENCY INC</div> <div>333 W 34TH ST FL 7<br/>NEW YORK, NY 10001</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 37826                                         |                                 |             | 4                     |

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                                                                                                                                                                                                   |              |         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                     | <b>4</b>     |         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                                       | <b>5</b>     | 0       |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                   |              |         |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                                |              |         |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                    | <b>6b</b>    |         |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                              | <b>6c</b>    |         |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶                                                             | <b>6d</b>    |         |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                          |              |         |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>                                                                                                                                  |              |         |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                     |              |         |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT |              |         |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                     | <b>7b</b>    | 0       |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                      | <b>7c(1)</b> | 573785  |
|          | (2) Dividends and credits .....                                                                                                                                                                                                                                   | <b>7c(2)</b> | 0       |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                                       | <b>7c(3)</b> | 47476   |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                                       | <b>7c(4)</b> | 6574087 |
|          | (5) Other (specify below).....<br>▶ LOAN PRIN, LOAN INT, LOAN DEF                                                                                                                                                                                                 | <b>7c(5)</b> | 461207  |
|          | (6) Total additions .....                                                                                                                                                                                                                                         | <b>7c(6)</b> | 7656555 |
| <b>d</b> | Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....                                                                                                                                                                                              | <b>7d</b>    | 7656555 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                                       |              |         |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                   | <b>7e(1)</b> | 43841   |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                                                   | <b>7e(2)</b> | 621     |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                                         | <b>7e(3)</b> | 940352  |
|          | (4) Other (specify below).....<br>▶ LOAN DIST                                                                                                                                                                                                                     | <b>7e(4)</b> | 31457   |
|          | (5) Total deductions .....                                                                                                                                                                                                                                        | <b>7e(5)</b> | 1016271 |
| <b>f</b> | Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....                                                                                                                                                                                | <b>7f</b>    | 6640284 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

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

|                                                                                            |                                         |     |
|--------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                         |     |
| <b>A</b> Name of plan<br>FORTUNE PLASTICS, INC. 401(K) PENSION PLAN                        | <b>B</b> Three-digit plan number (PN) ▶ | 004 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>FORTUNE PLASTICS, INC.   |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>06-0699218                                |                                         |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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  
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | GA 39923                              | 0                                                                           | 01/01/2009              | 12/31/2009 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 18688                         |

**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 |
| SBHU LIFE AGENCY INC<br>333 WEST 34TH ST 7TH FLR<br>NEW YORK, NY 10001-0000                      |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-----------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                 |                       |
|                                               | 18688                           | SERVICES TO INSURER OR PLAN | 1                     |

(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 |                       |
|                                               |                                 |             |                       |

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

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

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

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

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

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

---

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

---

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |   |
|--------------------------------------------------------------------------------------------------------|----------|---|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 GENERAL ACCOUNT CONTRACT**

|                                                        |           |         |
|--------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 6371061 |
|--------------------------------------------------------|-----------|---------|

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 383020 |  |
|                                                                       | <b>7c(2)</b> |        |  |
|                                                                       | <b>7c(3)</b> | 180524 |  |
|                                                                       | <b>7c(4)</b> | 251104 |  |
|                                                                       | <b>7c(5)</b> | 188486 |  |
| ▶ <b>LOAN PRIN, LOAN INT</b>                                          |              |        |  |

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 1003134 |
|---------------------------|--------------|---------|

|                                                                               |           |         |
|-------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) ..... | <b>7d</b> | 7374195 |
|-------------------------------------------------------------------------------|-----------|---------|

**e** Deductions:

|                                                                                 |              |         |  |
|---------------------------------------------------------------------------------|--------------|---------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 7116149 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 2052    |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 13704   |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 242290  |  |

▶ **LOAN DIST, FORFS, MISC TRANS**

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 7374195 |
|----------------------------|--------------|---------|

|                                                                                             |           |   |
|---------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b> | 0 |
|---------------------------------------------------------------------------------------------|-----------|---|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

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

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

|                                                                                                     |                                                                         |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>FORTUNE PLASTICS, INC. 401(K) PENSION PLAN</div>                     | <div>B Three-digit plan number (PN)</div> <div>▶ 004</div>              |
|                                                                                                     |                                                                         |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>FORTUNE PLASTICS, INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>06-0699218</div> |

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| STATE STREET GLOBAL MARKETS                                                                                |
| 04-3464336                                                                                                 |

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

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

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

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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)

SBHU LIFE AGENCY INC

13-2896238

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 59                            | SHAREHOLDER SERVICE PROVI                                                                                | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 1334                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 24 52 63 72 99                | CONTRACT ADMINISTRATOR                                                                                   | 3183                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

ALLIANZ GLOBAL INVESTORS

33-0484500

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 72                         | INVESTMENT PROVIDER                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

ALLIANZ GLOBAL INVESTORS

33-0239892

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 72                         | INVESTMENT PROVIDER                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

AMERICAN FUNDS

95-1411037

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 72                         | INVESTMENT PROVIDER                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

AMERICAN FUNDS

52-0792143

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 72                         | INVESTMENT PROVIDER                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

BARON

13-3806818

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 52 72                            | INVESTMENT<br>PROVIDER                                                                                               | 0                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                             |

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

FRANKLIN/TEMPLETON

22-6586780

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 52 72                            | INVESTMENT<br>PROVIDER                                                                                               | 0                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                             |

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

JP MORGAN

13-3963293

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 52 72                            | INVESTMENT<br>PROVIDER                                                                                               | 0                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                             |

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

OAKMARK

04-3276558

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 72                         | INVESTMENT PROVIDER                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

OPPENHEIMER

13-3035629

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 72                         | INVESTMENT PROVIDER                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

OPPENHEIMER

84-1308320

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 72                         | INVESTMENT PROVIDER                                                                                      | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

OPPENHEIMER

93-6305075

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 52 72                            | INVESTMENT<br>PROVIDER                                                                                               | 0                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                             |

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

PIONEER

36-4356313

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 52 72                            | INVESTMENT<br>PROVIDER                                                                                               | 0                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                             |

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

VAN KAMPEN

36-4277151

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 52 72                            | INVESTMENT<br>PROVIDER                                                                                               | 0                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                             |

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 24 52 63 72<br>99                | CONTRACT ADMINI                                                                                                      | 14445                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                             |

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| SBHU LIFE AGENCY INC                                                | 59                                                                                                                                                                 | 1334                                      |
| (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. |                                           |
| MASSACHUSETTS MUTUAL LIFE INS. CO.<br><br>04-1590850                | COMMISSIONS AND FEES                                                                                                                                               |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 72                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PREMIER MONEY MARKET FD BABSON<br><br>04-3212059                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| OAKMARK EQUITY & INCOME FUND<br><br>04-3276558                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 72                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SELECT INDEXED EQTY FD NORTHRN TR<br><br>04-3410047                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 72                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SELECT MID CAP GR EQ II FD TROWE<br><br>04-3512596                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 63 99                                   | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPPENHEIMER RISING DIVIDENDS FUND<br><br>13-3035629                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 63                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BARON GROWTH FUND<br><br>13-3806818                                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 63                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JP MORGAN MID CAP VALUE FUND<br><br>13-3963293                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 63                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FRANKLIN MUTUAL GLOBAL DISCOVERY FD<br><br>22-6586780               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TOTAL RETURN FUND PIMCO<br><br>33-0239892                           | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIMCO HIGH YIELD FUND<br><br>33-0484500                             | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VAN KAMPEN SMALL CAP VALUE FUND<br><br>36-4277151                   | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIONEER CULLEN VALUE FUND<br><br>36-4356313                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AMERICAN FUNDS GRTH FUND OF AMERICA<br><br>52-0792143               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63 99                                                                                                                                                              | 0                                         |
| (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. |                                           |
| OPPENHEIMER INTERNATIONAL BOND FUND<br><br>84-1308320               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| ALLIANZ GLOBAL INVESTORS                                            | 72                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIMCO HIGH YIELD FUND<br><br>33-0484500                             | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ALLIANZ GLOBAL INVESTORS                                            | 72                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TOTAL RETURN FUND PIMCO<br><br>33-0239892                           | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN FUNDS                                                      | 72                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AMERICAN FUNDS CAP WLD GR AND INC FD<br><br>95-1411037              | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMERICAN FUNDS                                                      | 72                                      | 0                                                                                                                                                                  |
| (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. |
| AMERICAN FUNDS GRTH FUND OF AMERICA<br><br>52-0792143               |                                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| BARON                                                               | 72                                      | 0                                                                                                                                                                  |
| (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. |
| BARON GROWTH FUND<br><br>13-3806818                                 |                                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FRANKLIN/TEMPLETON                                                  | 72                                      | 0                                                                                                                                                                  |
| (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. |
| FRANKLIN MUTUAL GLOBAL DISCOVERY FD<br><br>22-6586780               |                                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JP MORGAN                                                           | 72                                      | 0                                                                                                                                                                  |
| (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. |
| JP MORGAN MID CAP VALUE FUND                                        |                                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |
| 13-3963293                                                          |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| OAKMARK                                                             | 72                                      | 0                                                                                                                                                                  |
| (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. |
| OAKMARK EQUITY & INCOME FUND                                        |                                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |
| 04-3276558                                                          |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| OPPENHEIMER                                                         | 72                                      | 0                                                                                                                                                                  |
| (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. |
| OPPENHEIMER RISING DIVIDENDS FUND                                   |                                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |
| 13-3035629                                                          |                                         |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| OPPENHEIMER                                             | 72                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPPENHEIMER INTERNATIONAL BOND FUND<br><br>84-1308320               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| OPPENHEIMER                                             | 72                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPPENHEIMER DEVELOPING MARKETS FUND<br><br>93-6305075               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| PIONEER                                                 | 72                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIONEER CULLEN VALUE FUND<br><br>36-4356313                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| VAN KAMPEN                                                          | 72                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VAN KAMPEN SMALL CAP VALUE FUND<br><br>36-4277151                   | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PRUDENTIAL INVESTMENT MANAGEMENT SE                                 | 63                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DAVIS NY VENTURE CL A SHR<br><br>74-2831502                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PRUDENTIAL INVESTMENT MANAGEMENT SE                                 | 63 60                                                                                                                                                              | 0                                         |
| (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. |                                           |
| T ROWE PRICE GROWTH STOCK<br><br>52-1184650                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PRUDENTIAL RETIREMENT INSURANCE AND                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DAVIS NY VENTURE CL A SHR<br><br>04-2526037                         | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PRUDENTIAL RETIREMENT INSURANCE AND                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| OAKMARK EQUITY & INCOME<br><br>04-2526037                           | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| A Name of plan<br>FORTUNE PLASTICS, INC. 401(K) PENSION PLAN                                                                                                                      |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ► 004                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>FORTUNE PLASTICS, INC.                                                                                           |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>06-0699218                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL VALUE/OPUS CAPITAL                                                                                                                  |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 06-1050034-541                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LGE CP VAL/LSV ASSET MGMT                                                                                                                 |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 06-1050034-318                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SM CAP GROWTH/ESSEX                                                                                                                       |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 06-1050034-540                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INTERN VAL/LSV ASSET MGMT                                                                                                                 |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 06-1050034-415                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MIS CAP GR/TIMESQUARE FD                                                                                                                  |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 06-1050034-186                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE/CRM FUND                                                                                                                    |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 06-1050034-440                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE GROWTH STOCK                                                                                                                 |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 06-1050034-435                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **DAVIS NY VENTURE CL A SHR**  
**PRUDENTIAL RETIREMENT INS.**

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

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>06-1050034-316</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **OAKMARK EQUITY & INCOME**  
**PRUDENTIAL RETIREMENT INS.**

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

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>06-1050034-307</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **DRYDEN S&P 500 INDEX FUND**  
**PRUDENTIAL RETIREMENT INS.**

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

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>06-1050034-123</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CORE PLUS BOND/REAMS FD**  
**PRUDENTIAL RETIREMENT INS.**

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

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>06-1050034-040</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>FORTUNE PLASTICS, INC. 401(K) PENSION PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ►                                | <b>004</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>FORTUNE PLASTICS, INC.</b>           | <b>D</b> Employer Identification Number (EIN)<br><br><b>06-0699218</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 443837                | 487129          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 2546058               | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 0                     | 3177424         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 6371061               | 6640284         |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 13082                 | 17344           |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 9374038               | 10322181        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 9374038 | 10322181 |
|-----------------------------------------------------------|-----------|---------|----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 281680     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 496406     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 2956       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 781042    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |        |        |
|------------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |        |        |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |        |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |        |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |        |        |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 36141  |        |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 228000 |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |        | 264141 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 0     |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 22712 |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |       | 22712 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 473234    |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 154783    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 3972      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1699884   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 727237 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> | 0      |        |
| (3) Other .....                                                                            | <b>2e(3)</b> | 0      |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 727237 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 0      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        | 2201   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 0      |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 3183   |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 0      |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 19120  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 22303  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 751741 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 948143 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**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: MORIARTY & PRIMACK, P.C.

(2) EIN: 04-3191789

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

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

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>FORTUNE PLASTICS, INC. 401(K) PENSION PLAN                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ►<br>004                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>FORTUNE PLASTICS, INC.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>06-0699218                                            |
| 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):<br><br>EIN(s): 04-1590850 22-1211670                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 3                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2009 v.092308.1                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**FORTUNE PLASTICS, INC.**  
**401(k) PENSION PLAN**

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FINANCIAL STATEMENTS

for the years ended December 31, 2009 and 2008

**FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

**C O N T E N T S**

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# Moriarty Primack

*Certified Public Accountants*

## REPORT OF INDEPENDENT ACCOUNTANTS

To the Plan Administrator of  
Fortune Plastics, Inc. 401(k) Pension Plan

We were engaged to audit the financial statements of Fortune Plastics, Inc. 401(k) Pension Plan as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedule for the year ended December 31, 2009 as listed in the accompanying index. 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 Note 8, which was certified by Massachusetts Mutual Life Insurance Company (MassMutual), trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Moriarty Primack, P.C.*

Springfield, Massachusetts  
October 8, 2010

**FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**December 31, 2009 and 2008**

---

**ASSETS**

|                                                      | <u><b>2009</b></u>          | <u><b>2008</b></u>         |
|------------------------------------------------------|-----------------------------|----------------------------|
| <b>Investments, at fair value:</b>                   |                             |                            |
| Guaranteed investment contract.....                  | \$ 6,640,284                | \$ 6,371,061               |
| Mutual funds.....                                    | 3,177,424                   | 2,546,059                  |
| Self directed brokerage.....                         | 17,344                      | 13,082                     |
| Participant loans.....                               | <u>487,129</u>              | <u>500,898</u>             |
| Net assets available for benefits at fair value..... | 10,322,181                  | 9,431,100                  |
| Employee contribution receivable.....                | 16,596                      | 13,795                     |
| Employer contribution receivable.....                | <u>10,879</u>               | <u>8,069</u>               |
| <b>Net assets available for benefits.....</b>        | <u><b>\$ 10,349,656</b></u> | <u><b>\$ 9,452,964</b></u> |

See notes to financial statements

**FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**for the years ended December 31, 2009 and 2008**

|                                                             | <u><b>2009</b></u>              | <u><b>2008</b></u>             |
|-------------------------------------------------------------|---------------------------------|--------------------------------|
| <b>ADDITIONS</b>                                            |                                 |                                |
| Additions to net assets as attributed to:                   |                                 |                                |
| Employer contributions .....                                | \$ 284,490                      | \$ 278,714                     |
| Employee contributions.....                                 | 499,207                         | 501,773                        |
| Rollover contributions.....                                 | 2,956                           |                                |
| Interest and dividends.....                                 | 58,853                          | 279,844                        |
| Other income.....                                           | 3,636                           |                                |
| Net appreciation in fair value of investments.....          | <u>870,039</u>                  |                                |
| <br>Total additions.....                                    | <br><u>1,719,181</u>            | <br><u>1,060,331</u>           |
| <b>DEDUCTIONS</b>                                           |                                 |                                |
| Deductions from net assets as attributed to:                |                                 |                                |
| Benefits paid directly to participants.....                 | 740,923                         | 665,334                        |
| Deemed distributions .....                                  | 59,263                          | 9,307                          |
| Administrative expenses and miscellaneous transactions..... | 22,303                          | 6,181                          |
| Net depreciation in fair value of investments.....          | <u>1,453,645</u>                |                                |
| <br>Total deductions .....                                  | <br><u>822,489</u>              | <br><u>2,134,467</u>           |
| <br>Net increase (decrease) .....                           | <br>896,692                     | <br>(1,074,136)                |
| <br><b>Net assets available for benefits</b>                |                                 |                                |
| Beginning of year.....                                      | <u>9,452,964</u>                | <u>10,527,100</u>              |
| <br>End of year.....                                        | <br><u><u>\$ 10,349,656</u></u> | <br><u><u>\$ 9,452,964</u></u> |

See notes to financial statements

## FORTUNE PLASTICS, INC. 401(k) PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### 1. Description of Plan

The following description of Fortune Plastics, Inc. (the "Company") 401(k) Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### *General*

The Plan is a defined contribution plan, established on June 30, 1969. The Company established the Plan to provide employees with a systematic means of saving and investing for the future. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All employees of the company, with one year of service and at least 1,000 hours of service and who have attained the age twenty-one (21) years, are eligible to participate.

##### *Contributions*

Participants can elect to contribute 1% to 100% of their gross compensation, up to a maximum of \$16,500. Participants 50 years old or older can defer an additional \$5,500. Participants direct their contributions to be invested in accordance with the options available under the Plan.

The Company will make a matching contribution up to 4% of compensation, for a plan year. The following table sets forth the portion of employer contribution an employee is entitled to, based on age and years of service.

| Years of Service |      |      |       |       |      |
|------------------|------|------|-------|-------|------|
| Age              | 1-4  | 5-9  | 10-14 | 15-19 | 20+  |
| 21-29            | 25%  | 50%  | 75%   |       |      |
| 30-39            | 50%  | 50%  | 75%   | 100%  | 125% |
| 40-49            | 75%  | 75%  | 75%   | 100%  | 125% |
| 50-59            | 100% | 100% | 100%  | 100%  | 125% |
| 60+              | 100% | 100% | 125%  | 125%  | 125% |

The Company may make a discretionary profit sharing contribution to the Plan, which will be allocated among eligible participants' accounts based upon a ratio of each participant's compensation for that Plan year to total compensation of all participants for that Plan year.

## **FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS, Continued**

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#### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and allocations of (a) the company's contribution and (b) Plan earnings, and may be charged with an allocation of administrative expenses. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

#### ***Vesting***

Participants are 100% vested in their own contributions. Vesting in the company contributions increases annually, based on the following:

| <u>Years of<br/>Vesting Service</u> | <u>Vested<br/>Interest</u> |
|-------------------------------------|----------------------------|
| Less than 2                         | 0%                         |
| 2                                   | 20%                        |
| 3                                   | 40%                        |
| 4                                   | 60%                        |
| 5                                   | 80%                        |
| 6 or more                           | 100%                       |

Participants also become 100% vested in all company contributions when the participant retires, dies, becomes disabled, reaches age 65 while employed, or the plan is terminated.

#### ***Participant Loans***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of the loan amount or 50% of their vested interest. Generally, loan terms cannot exceed five years; however, if the loan is for the purchase of a principal residence, a longer repayment term may be permissible. The loans are secured by the balance in the participant's account and bear interest that must be a reasonable rate similar to the rate charged for a loan made under similar circumstances by persons in the business of lending money. Participants are only permitted one outstanding Plan loan at any given time. Principal and interest are paid ratably through payroll deductions.

## **FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS, Continued**

---

#### ***Payment of Benefits***

Each participant is eligible to receive benefits at their normal retirement date which is the participant's 65<sup>th</sup> birthday. There are provisions for early or late retirement, disability, termination of employment and death benefits.

The methods for distribution of benefits include payment in a single-sum, installment payments, or direct rollover.

#### ***Forfeited Accounts***

Forfeited accounts can be used to reduce future employer contributions and/or administrative expenses. During the year ended December 31, 2009, forfeited accounts totaled \$3,636 (2008 - \$3,213).

#### ***Participant Investment Rollovers***

Participants are allowed to transfer or rollover funds into the Plan from other qualified plans.

## **2. Significant Accounting Policies**

#### ***Basis of Accounting***

The Plan prepares its financial statements on the accrual basis of accounting in accordance with the United States generally accepted accounting principles.

#### ***Use of 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.

#### ***New Accounting Pronouncement***

Effective December 31, 2009, the Plan adopted the Subsequent Events Topic of the Financial Accounting Standards Board Codification. This topic provides guidance to establish general standards of accounting for and disclosure of events that occur after the statement of net assets available for benefits date but before the financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and whether that date is the date the financial statements were issued or the date the financial statements were available to be issued. The Plan has evaluated subsequent events through October 8, 2010, which is the date the financial statements were available to be issued.

## **FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS, Continued**

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#### ***Investment Valuation and Income Recognition***

The Plan's investments consist of pooled separate accounts, guaranteed investment contracts, and self directed brokerage accounts. The mutual fund accounts and self directed brokerage accounts are stated at fair value and the guaranteed investment contracts are stated at contract value, which approximates fair value for its benefit-responsive investment contract. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion on fair value measurements. These investments are held in fund accounts at MassMutual. Participant loans are valued at amortized cost, which approximates fair value.

Interest on investments is recorded as earned. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on trade-date. Net appreciation in the fair value of investments consists of realized gains or losses and unrealized appreciation (depreciation) on investments bought and sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Because fair value approximates contract value, there is no adjustment on the Statement of Net Assets Available for Benefits for 2009 or 2008.

#### ***Payment of Benefits***

Benefits are recorded when paid or accrued.

#### ***Operating Expenses***

The Plan permits the payment of expenses to be made from the Plan. If expenses are paid using Plan assets then expenses will generally be allocated proportionally among the accounts of all participants. Certain other expenses may be paid directly out of an individual account if they are specifically attributable to said individual. For 2009 and 2008, all expenses of maintaining the Plan were paid by the company.

## FORTUNE PLASTICS, INC. 401(k) PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS, Continued

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#### 3. **Investments**

The Plan's investments were held and administered by MassMutual. All investment information presented in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2009 and 2008, and net appreciation/depreciation in fair value of investments and interest and dividends for the year ended December 31, 2009, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee listed above.

The following presents investments that represent five percent or more of the Plan's net assets:

|                                      | <u>2009</u> | <u>2008</u> |
|--------------------------------------|-------------|-------------|
| Guaranteed Investment Contract       |             |             |
| Sagic Core Bond                      | \$6,640,284 | \$6,371,061 |
| Mutual Funds                         |             |             |
| Pioneer Cullen Value Fund            | 769,729     |             |
| Small Value/Opus Capital             |             | 495,196     |
| Large Cap Value/LSV Asset Management |             | 707,623     |

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$870,039 in 2009 (depreciated by \$1,453,645 - 2008).

#### 4. **Fair Value Measurements**

The Plan has adopted the Fair Value Measurements and Disclosure Topic of the Financial Accounting Standards Board Codification. This topic establishes a framework for reporting fair value and expanded disclosures about fair value measurements.

That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1      Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

**FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS, Continued**

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**Fair Value Measurements, Continued**

Level 2      Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3      Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

**Guaranteed Investment Contract:** Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer (Note 5).

**Mutual funds:** Valued at the net asset value (NAV) of shares held by the plan at year end.

**Self directed brokerage:** Valued at the net asset value (NAV) of shares held by the plan at year end.

**Participant loans:** Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation 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.

# FORTUNE PLASTICS, INC. 401(k) PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS, Continued

### *Fair Value Measurements, Continued*

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

| Description                    | <u>Level 1</u>              | <u>Level 2</u>              | <u>Level 3</u>      | <u>12/31/2009</u>    |
|--------------------------------|-----------------------------|-----------------------------|---------------------|----------------------|
| Guaranteed investment contract |                             |                             | \$ 6,640,284        | \$ 6,640,284         |
| Mutual funds                   | \$ 3,177,424                |                             |                     | 3,177,424            |
| Self directed brokerage        | 17,344                      |                             |                     | 17,344               |
| Participant loans              | <u>                    </u> | <u>                    </u> | <u>487,129</u>      | <u>487,129</u>       |
| Total                          | <u>\$ 3,194,768</u>         | <u>                    </u> | <u>\$ 7,127,413</u> | <u>\$ 10,322,181</u> |

| <u>Description</u>             | <u>Level 1</u>              | <u>Level 2</u>              | <u>Level 3</u>      | <u>12/31/2008</u>   |
|--------------------------------|-----------------------------|-----------------------------|---------------------|---------------------|
| Guaranteed investment contract |                             |                             | \$ 6,371,061        | \$ 6,371,061        |
| Mutual funds                   | \$ 2,546,059                |                             |                     | 2,546,059           |
| Self directed brokerage        | 13,082                      |                             |                     | 13,082              |
| Participant loans              | <u>                    </u> | <u>                    </u> | <u>500,898</u>      | <u>500,898</u>      |
| Total                          | <u>\$ 2,559,141</u>         | <u>                    </u> | <u>\$ 6,871,959</u> | <u>\$ 9,431,100</u> |

**FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS, Continued**

**Fair Value Measurements, Continued**

**Level 3 Gains and Losses**

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2009 and 2008:

Level 3 Assets  
Year Ended December 31, 2009

|                                                                             | <u>Participant Loans</u> | <u>General Investment<br/>Contract</u> | <u>Total<br/>Level 3 Assets</u> |
|-----------------------------------------------------------------------------|--------------------------|----------------------------------------|---------------------------------|
| Beginning balance                                                           | \$ 500,898               | \$ 6,371,061                           | \$ 6,871,959                    |
| Unrealized gain relating to investments<br>still held at the reporting date |                          |                                        |                                 |
| Purchase; sales, issuances and<br>settlements, net                          | (13,769)                 | 269,223                                | 255,454                         |
| Ending balance                                                              | <u>\$ 487,129</u>        | <u>\$ 6,640,284</u>                    | <u>\$ 7,127,413</u>             |

Level 3 Assets  
Year Ended December 31, 2008

|                                                                             | <u>Participant Loans</u> | <u>General Investment<br/>Contract</u> | <u>Total<br/>Level 3 Assets</u> |
|-----------------------------------------------------------------------------|--------------------------|----------------------------------------|---------------------------------|
| Beginning balance                                                           | \$ 421,498               | \$ 5,908,936                           | \$ 6,330,434                    |
| Unrealized gain relating to investments<br>still held at the reporting date |                          |                                        |                                 |
| Purchase; sales, issuances and<br>settlements, net                          | <u>79,400</u>            | <u>462,125</u>                         | <u>541,525</u>                  |
| Ending balance                                                              | <u>\$ 500,898</u>        | <u>\$ 6,371,061</u>                    | <u>\$ 6,871,959</u>             |

**FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS, Continued**

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5. **Guaranteed Investment Contract**

The plan entered into a benefit-responsive guaranteed investment contract with Massachusetts Mutual Life Insurance Company (MassMutual). MassMutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

Since the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value, which approximates contract value at December 31, 2009, therefore there is no adjustment reflected in net assets available for benefits. Contract value, as reported to the plan by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 was \$6,604,185. There was no guaranteed investment contract. The crediting interest rate is based on a formula agreed upon with the issuer, generally 3%, but in some recent contracts between 1% and 3%, and the potential for additional interest if declared by MassMutual.

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), 2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, 3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

|                                                     |             |
|-----------------------------------------------------|-------------|
| Average yields:                                     | <u>2009</u> |
| Based on actual earnings                            | 4.53%       |
| Based on interest rate and credited to participants | 4.53%       |

## **FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS, Continued**

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#### **6. Tax Status**

The Plan obtained its latest determination letter as of May 5, 2004, 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. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan is qualified under Section 401(a) of the Internal Revenue Code and is exempt from federal income taxes under provisions of Section 501(a) as of the financial statement date.

#### **7. Plan Termination**

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

#### **8. Related Party**

Certain Plan investments are managed by MassMutual. MassMutual is the Plan's trustee and, therefore, these transactions qualify as exempt party-in-interest transactions.

Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan.

#### **9. Risks and Uncertainties**

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

**FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS, Continued**

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10. **Market Conditions**

Changes in investment returns and fair values can have a significant effect on the Plan. U.S. and world markets continue to experience significant volatility. Management is monitoring investment market conditions and the impact such volatility is having on the Plan's investment portfolio.

# FORTUNE PLASTICS, INC. 401(k) PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS, Continued

### 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

|                                                                | <u>2009</u>          | <u>2008</u>         |
|----------------------------------------------------------------|----------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 10,349,656        | \$ 9,452,964        |
| Less: contribution receivable                                  | 27,475               | 21,864              |
| Less: deemed loan distributions                                | <u>57,062</u>        | <u>57,062</u>       |
| Net assets available for benefits per the Form 5500            | <u>\$ 10,322,181</u> | <u>\$ 9,374,038</u> |

The following is a reconciliation of benefit payments per the financial statements for the years ended December 31, 2009 and 2008, to Form 5500:

|                                               |                   |                   |
|-----------------------------------------------|-------------------|-------------------|
| Benefit payments per the financial statements | \$ 800,186        | \$ 674,641        |
| Less: withdrawal distributions                | 13,686            | (11,390)          |
| Less: deemed loan distributions               | <u>57,062</u>     | <u>(57,062)</u>   |
| Benefit payments per Form 5500                | <u>\$ 729,438</u> | <u>\$ 743,093</u> |

The following is a reconciliation of net depreciation per the financial statements for the years ended December 31, 2009 and 2008, to Form 5500:

|                                                                               |                   |                     |
|-------------------------------------------------------------------------------|-------------------|---------------------|
| Net appreciation (depreciation) and other income per the financial statements | \$ 873,675        | \$ 1,453,645        |
| Less: withdrawal distributions                                                | <u>13,686</u>     | <u>11,390</u>       |
| Net appreciation (depreciation) per Form 5500                                 | <u>\$ 859,989</u> | <u>\$ 1,442,255</u> |

The following is a reconciliation of contributions per the financial statements for the years ended December 31, 2009 and 2008, to Form 5500:

|                                            |                   |                   |
|--------------------------------------------|-------------------|-------------------|
| Contributions per the financial statements | \$ 786,653        | \$ 780,487        |
| Less: change in contribution receivable    | <u>5,611</u>      | <u>2,364</u>      |
| Contributions per Form 5500                | <u>\$ 781,042</u> | <u>\$ 778,123</u> |

**FORTUNE PLASTICS, INC. 401(k) PENSION PLAN**

**Schedule H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**EIN – 06-0699218**

**PN – 004**

**December 31, 2009**

|     |                                     | (c)                                       |             |                      |
|-----|-------------------------------------|-------------------------------------------|-------------|----------------------|
| (a) | (b)                                 | Description of investment including       | (d)         | (e)                  |
|     | <u>Identity of issue, borrower,</u> | <u>maturity date, rate of interest,</u>   | <u>Cost</u> | <u>Current Value</u> |
|     | <u>lessor, or similar party</u>     | <u>collateral, par, or maturity value</u> |             |                      |
|     |                                     | Guaranteed Investment Contract            |             |                      |
| *   | MassMutual                          | Core Bond                                 |             | \$ 6,640,284         |
|     |                                     |                                           |             | <u>\$ 6,640,284</u>  |
|     |                                     | Mutual Funds                              |             |                      |
|     | PIMCO                               | Total Return Fund                         |             | 347,519              |
|     | Oppenheimer                         | Internat Bond Fund                        |             | 371                  |
|     | Oakmark                             | Equity & Income                           |             | 158,488              |
|     | Pioneer                             | Cullen Value Fund                         |             | 769,729              |
|     | Northern Trust                      | Sel Indexed Equity Fund                   |             | 302,163              |
|     | Oppenheimer                         | Rising Dividends Fund                     |             | 121,284              |
|     | American Funds                      | Growth Fund America                       |             | 266,653              |
|     | JP Morgan                           | Mid Cap Value Fund                        |             | 66,210               |
|     | T. Rowe Price                       | Sel Mid Cap Growth Equity II Fund         |             | 119,225              |
|     | Van Kampen                          | Small Cap Value Fund                      |             | 507,899              |
|     | Baron                               | Growth Fund                               |             | 138,017              |
|     | American Funds                      | Capital World Growth & Income Fund        |             | 376,962              |
|     | Franklin Mutual                     | Global Discovery Fund                     |             | 381                  |
|     | Oppenheimer                         | Developing Markets Fund                   |             | 381                  |
| *   | MassMutual                          | Holding Account                           |             | 2,142                |
|     |                                     |                                           |             | <u>3,177,424</u>     |
|     |                                     | Self Directed Brokerage                   |             |                      |
|     | SDBA                                | Fund                                      |             | 17,344               |
|     |                                     |                                           |             | <u>17,344</u>        |
|     |                                     | Participant Loans                         |             |                      |
|     | Participant Loans                   | 5.25% - 10.25%                            |             | 487,129              |
|     |                                     |                                           |             | <u>487,129</u>       |
|     |                                     |                                           |             | <u>\$ 10,322,181</u> |

\* Represents a party in interest

Column (d) is not required as the Plan's investments are totally participant directed.

|                                                                                                |                                                             |            |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------|
| <b>A Name of Plan</b><br><b>Fortune Plastics, Inc. 401(k) Pension Plan</b>                     | <b>B Three-digit plan Number</b>                            | <b>004</b> |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>Fortune Plastics, Inc.</b> | <b>D Employer Identification Number</b><br><b>060699218</b> |            |

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

| (a) | (b) Identity of issue, borrower, lessor, or similar part | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|-----|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | MassMutual Premier                                       | Holding Account - MF-YG                                                                                     | 0        | 2,142             |
| *   | Oppenheimer                                              | MF-C                                                                                                        | 379      | 381               |
| *   | Oppenheimer                                              | MF-CW                                                                                                       | 379      | 371               |
| *   | American Funds                                           | MF-GW                                                                                                       | 262,125  | 266,653           |
| *   | Van Kampen                                               | MF-HF                                                                                                       | 489,923  | 507,899           |
| *   | Oppenheimer                                              | MF-N6                                                                                                       | 119,359  | 121,284           |
| *   | Franklin/Templeton                                       | MF-OJ                                                                                                       | 382      | 381               |
| *   | American Funds                                           | MF-PY                                                                                                       | 376,422  | 376,962           |
| *   | JP Morgan                                                | MF-UJ                                                                                                       | 63,506   | 66,210            |
| *   | Pioneer                                                  | MF-V                                                                                                        | 761,652  | 769,729           |
| *   | Oakmark                                                  | MF-VA                                                                                                       | 157,489  | 158,488           |
| *   | Baron                                                    | MF-WY                                                                                                       | 134,099  | 138,017           |
| *   | Allianz Global Investors                                 | MF-WZ                                                                                                       | 352,086  | 347,519           |
| *   | MassMutual Select                                        | MF-YT                                                                                                       | 115,461  | 119,225           |
| *   | MassMutual Select                                        | MF-YX                                                                                                       | 299,287  | 302,163           |
| *   | State Street                                             | SDBA                                                                                                        | 17,344   | 17,344            |
| *   | SAGIC (60396)                                            | SIA-E1                                                                                                      | 0        | 6,636,891         |
| *   | SIA-E1 - Miscellaneous                                   | SIA-E1                                                                                                      | 0        | 3,394             |
|     | Participant Loans                                        | 5.250000 - 10.250000                                                                                        | 0        | 487,129           |

|                                                                                                |                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A Name of Plan</b><br><b>Fortune Plastics, Inc. 401(k) Pension Plan</b>                     | <b>B Three-digit Plan Number</b> <b>004</b>                 |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>Fortune Plastics, Inc.</b> | <b>D Employee Identification Number</b><br><b>060699218</b> |

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

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease Rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|
|                                | Guaranteed Interest                                                             | 6,574,849          | 0                 |                  | 0                                     | 0                 | 0                                              | 0                      |
| Pioneer                        | MF-V                                                                            | 740,947            | 0                 |                  | 0                                     | 0                 | 0                                              | 0                      |
| Van Kampe                      | MF-HF                                                                           | 469,861            | 0                 |                  | 0                                     | 0                 | 0                                              | 0                      |

|                                                                                                |                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A Name of Plan</b><br><b>Fortune Plastics, Inc. 401(k) Pension Plan</b>                     | <b>B Three-digit plan Number</b><br><b>004</b>              |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>Fortune Plastics, Inc.</b> | <b>D Employer Identification Number</b><br><b>060699218</b> |

### Schedule C Formula Description and/or EIC Statement Description

| Service Provider Name                       | Service Provider EIN | Service Provider Address | Formula / EIC Statement                                                                                                                                                           |
|---------------------------------------------|----------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Allianz Global Investors                    | 330239892            |                          | Allianz Global Investors received estimated Other Fees of 18 basis points * plan assets with respect to Total Return Fund (PIMCO) (MF-WZ).                                        |
| Allianz Global Investors                    | 330239892            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Allianz Global Investors with respect to Total Return Fund (PIMCO) (MF-WZ).     |
| Allianz Global Investors                    | 330484500            |                          | Allianz Global Investors received estimated Other Fees of 1 basis points * plan assets with respect to PIMCO High Yield Fund (MF-PH).                                             |
| Allianz Global Investors                    | 330484500            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Allianz Global Investors with respect to PIMCO High Yield Fund (MF-PH).         |
| American Funds                              | 520792143            |                          | American Funds received estimated Other Fees of 17 basis points * plan assets with respect to American Funds Grth Fund of America (MF-GW).                                        |
| American Funds                              | 520792143            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to American Funds Grth Fund of America (MF-GW).     |
| American Funds                              | 951411037            |                          | American Funds received estimated Other Fees of 20 basis points * plan assets with respect to American Fnds Cap Wld Gr and Inc Fd (MF-PY).                                        |
| American Funds                              | 951411037            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to American Fnds Cap Wld Gr and Inc Fd (MF-PY).     |
| Baron                                       | 133806818            |                          | Baron received estimated Other Fees of 7 basis points * plan assets with respect to Baron Growth Fund (MF-WY).                                                                    |
| Baron                                       | 133806818            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Baron with respect to Baron Growth Fund (MF-WY).                                |
| Franklin/Templeton                          | 226586780            |                          | Franklin/Templeton received estimated Other Fees of 26 basis points * plan assets with respect to Franklin Mutual Global Discovery Fd (MF-OJ).                                    |
| Franklin/Templeton                          | 226586780            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Franklin/Templeton with respect to Franklin Mutual Global Discovery Fd (MF-OJ). |
| JP Morgan                                   | 133963293            |                          | JP Morgan received estimated Other Fees of 54 basis points * plan assets with respect to JP Morgan Mid Cap Value Fund (MF-UJ).                                                    |
| JP Morgan                                   | 133963293            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Mid Cap Value Fund (MF-UJ).                 |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to American Fnds Cap Wld Gr and Inc Fd (MF-PY).              |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to American Funds Grth Fund of America (MF-GW).              |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Baron Growth Fund (MF-WY).                                |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Franklin Mutual Global Discovery Fd (MF-OJ).              |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Franklin Mutual Global Discovery Fd (MF-OJ).              |

|                                             |           |                                                                                                                                                                           |
|---------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company                                     |           | by MassMutual with respect to PIMCO High Yield Fund (MF-PH).                                                                                                              |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Pioneer Cullen Value Fund (MF-V).                 |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Total Return Fund (PIMCO) (MF-WZ).                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Van Kampen Small Cap Value Fund (MF-HF).          |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.                                                               |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-YG).    |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to SAGIC- CORE BOND.                            |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Select Indexed Eqty Fd (Northrn Tr) (MF-YX). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Select Mid Cap Gr Eq II Fd (TRowe) (MF-YT).  |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 17 basis points * plan assets with respect to Select Mid Cap Gr Eq II Fd (TRowe) (MF-YT).                            |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 33 basis points * plan assets with respect to Select Indexed Eqty Fd (Northrn Tr) (MF-YX).                           |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 9 basis points * plan assets with respect to Premier Money Market Fd (Babson) (MF-YG).                               |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to American Funds Grth Fund of America (MF-GW).                                   |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Baron Growth Fund (MF-WY).                                                     |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Franklin Mutual Global Discovery Fd (MF-OJ).                                   |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to PIMCO High Yield Fund (MF-PH).                                                 |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Total Return Fund (PIMCO) (MF-WZ).                                             |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to Van Kampen Small Cap Value Fund (MF-HF).                                       |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to Oppenheimer International Bond Fund (MF-CW).                                   |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to Oppenheimer Rising Dividends Fund (MF-N6).                                     |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to JP Morgan Mid Cap Value Fund (MF-UJ).                                          |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Oakmark Equity & Income Fund (MF-VA).                                          |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 25 basis points * plan assets with respect to Pioneer Cullen Value Fund (MF-V).                                              |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to Oppenheimer International Bond Fund (MF-CW).                             |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to Oppenheimer Rising Dividends Fund (MF-N6).                               |
| Oakmark                                     | 043276558 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Oakmark with respect to Oakmark Equity & Income Fund (MF-VA).           |
| Oakmark                                     | 043276558 | Oakmark received estimated Other Fees of 12 basis points * plan assets with respect to Oakmark Equity & Income Fund (MF-VA).                                              |

|                             |           |                                                                                                                                                                            |
|-----------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Oppenheimer                 | 133035629 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer Rising Dividends Fund (MF-N6).   |
| Oppenheimer                 | 133035629 | Oppenheimer received estimated Other Fees of 19 basis points * plan assets with respect to Oppenheimer Rising Dividends Fund (MF-N6).                                      |
| Oppenheimer                 | 841308320 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer International Bond Fund (MF-CW). |
| Oppenheimer                 | 841308320 | Oppenheimer received estimated Other Fees of 6 basis points * plan assets with respect to Oppenheimer International Bond Fund (MF-CW).                                     |
| Oppenheimer                 | 936305075 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer Developing Markets Fund (MF-C).  |
| Oppenheimer                 | 936305075 | Oppenheimer received estimated Other Fees of 22 basis points * plan assets with respect to Oppenheimer Developing Markets Fund (MF-C).                                     |
| Pioneer                     | 364356313 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Pioneer with respect to Pioneer Cullen Value Fund (MF-V).                |
| Pioneer                     | 364356313 | Pioneer received estimated Other Fees of 23 basis points * plan assets with respect to Pioneer Cullen Value Fund (MF-V).                                                   |
| State Street Global Markets | 043464336 | State Street Global Markets provided the Plan with the required written disclosure for commissions received by State Street Global Markets with respect to the SDBA.       |
| Van Kampen                  | 364277151 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Van Kampen with respect to Van Kampen Small Cap Value Fund (MF-HF).      |
| Van Kampen                  | 364277151 | Van Kampen received estimated Other Fees of 42 basis points * plan assets with respect to Van Kampen Small Cap Value Fund (MF-HF).                                         |

## Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

|                                            |                    |                             |                           |
|--------------------------------------------|--------------------|-----------------------------|---------------------------|
| <b>Plan Name</b>                           | <b>Plan Number</b> | <b>Plan Year Start Date</b> | <b>Plan Year End Date</b> |
| FORTUNE PLASTICS, INC. 401(K) PENSION PLAN | 002588             | 01/01/2009                  | 12/31/2009                |

|                                                                                         |                                                                                            |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation</b> | <b>EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation</b> |
| Prudential Retirement Insurance and Annuity Company                                     | 06-1050034                                                                                 |

### Eligible Indirect Compensation

| Name of Service Provider/Payee                      | Name of Payor                                       | Amount of Fee or Formula               | Nature of Service         | Name of Fund (for Formula) |
|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------|---------------------------|----------------------------|
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | CORE PLUS BOND/REAMS FD    |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | DAVIS NY VENTURE CL A SHR  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | DRYDEN S&P 500 INDEX FUND  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 20.000 BPS from 2/1/2009 to 12/31/2009 | Asset Charges             | GUARANTEED INCOME FUND     |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 35.000 BPS from 1/1/2009 to 1/31/2009  | Asset Charges             | GUARANTEED INCOME FUND     |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | INTERN VAL/LSV ASSET MGT   |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | LGE CP VAL/LSV ASSET MGMT  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | MID CAP GR/TIMESSQUARE FD  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | MID CAP VALUE/CRM FUND     |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | OAKMARK EQUITY & INCOME    |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | SM CAP GROWTH/ESSEX        |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | SMALL VALUE/OPUS CAPITAL   |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 15.000 BPS from 1/1/2009 to 12/31/2009 | Asset Charges             | T ROWE PRICE GROWTH STOCK  |
| Davis Distributors, LLC                             | Davis NY Venture A                                  | 25.000 BPS from 1/1/2009 to 12/31/2009 | Distribution (12b-1) Fees | DAVIS NY VENTURE CL A SHR  |

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

## Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

|                                            |                    |                             |                           |
|--------------------------------------------|--------------------|-----------------------------|---------------------------|
| <b>Plan Name</b>                           | <b>Plan Number</b> | <b>Plan Year Start Date</b> | <b>Plan Year End Date</b> |
| FORTUNE PLASTICS, INC. 401(K) PENSION PLAN | 002588             | 01/01/2009                  | 12/31/2009                |

|                                                                                         |                                                                                            |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation</b> | <b>EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation</b> |
| Prudential Retirement Insurance and Annuity Company                                     | 06-1050034                                                                                 |

### Eligible Indirect Compensation

| Name of Service Provider/Payee                      | Name of Payor                                       | Amount of Fee or Formula                | Nature of Service          | Name of Fund (for Formula) |
|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------|----------------------------|----------------------------|
| T. Rowe Price Investment Services, Inc.             | T. Rowe Price Growth Stock Adv                      | 25.000 BPS from 1/1/2009 to 12/31/2009  | Distribution (12b-1) Fees  | T ROWE PRICE GROWTH STOCK  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 95.000 BPS from 1/1/2009 to 12/31/2009  | Investment Management Fees | CORE PLUS BOND/REAMS FD    |
| Davis Selected Advisers LP                          | Davis NY Venture A                                  | 47.000 BPS from 1/1/2009 to 11/30/2009  | Investment Management Fees | DAVIS NY VENTURE CL A SHR  |
| Davis Selected Advisers LP                          | Davis NY Venture A                                  | 49.000 BPS from 12/1/2009 to 12/31/2009 | Investment Management Fees | DAVIS NY VENTURE CL A SHR  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 30.000 BPS from 1/1/2009 to 12/31/2009  | Investment Management Fees | DRYDEN S&P 500 INDEX FUND  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 130.000 BPS from 1/1/2009 to 12/31/2009 | Investment Management Fees | INTERN VAL/LSV ASSET MGT   |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 110.000 BPS from 1/1/2009 to 12/31/2009 | Investment Management Fees | LGE CP VAL/LSV ASSET MGMT  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 120.000 BPS from 1/1/2009 to 12/31/2009 | Investment Management Fees | MID CAP GR/TIMESSQUARE FD  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 115.000 BPS from 1/1/2009 to 12/31/2009 | Investment Management Fees | MID CAP VALUE/CRM FUND     |
| Harris Associates L P                               | Oakmark Equity & Income I                           | 69.000 BPS from 1/1/2009 to 12/31/2009  | Investment Management Fees | OAKMARK EQUITY & INCOME    |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 82.000 BPS from 4/6/2009 to 12/31/2009  | Investment Management Fees | SA/DAVIS NY VENTURE STRAT  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 78.000 BPS from 4/27/2009 to 12/31/2009 | Investment Management Fees | SA/OAK EQ & INC STRAT      |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 87.000 BPS from 4/20/2009 to 12/31/2009 | Investment Management Fees | SA/T ROWE PR GR STK STRAT  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 135.000 BPS from 1/1/2009 to 12/31/2009 | Investment Management Fees | SM CAP GROWTH/ESSEX        |

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

## Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

|                                            |                    |                             |                           |
|--------------------------------------------|--------------------|-----------------------------|---------------------------|
| <b>Plan Name</b>                           | <b>Plan Number</b> | <b>Plan Year Start Date</b> | <b>Plan Year End Date</b> |
| FORTUNE PLASTICS, INC. 401(K) PENSION PLAN | 002588             | 01/01/2009                  | 12/31/2009                |

|                                                                                         |                                                                                            |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation</b> | <b>EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation</b> |
| Prudential Retirement Insurance and Annuity Company                                     | 06-1050034                                                                                 |

### Eligible Indirect Compensation

| Name of Service Provider/Payee                      | Name of Payor                                       | Amount of Fee or Formula                | Nature of Service          | Name of Fund (for Formula) |
|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------|----------------------------|----------------------------|
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | 135.000 BPS from 1/1/2009 to 12/31/2009 | Investment Management Fees | SMALL VALUE/OPUS CAPITAL   |
| T. Rowe Price Associates, Inc.                      | T. Rowe Price Growth Stock Adv                      | 56.000 BPS from 1/1/2009 to 12/31/2009  | Investment Management Fees | T ROWE PRICE GROWTH STOCK  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$835                                   | Other Services/Breakage    | CORE PLUS BOND/REAMS FD    |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$2159                                  | Other Services/Breakage    | DAVIS NY VENTURE CL A SHR  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$82497                                 | Other Services/Breakage    | DRYDEN S&P 500 INDEX FUND  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$-30623                                | Other Services/Breakage    | INTERN VAL/LSV ASSET MGT   |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$-161203                               | Other Services/Breakage    | LGE CP VAL/LSV ASSET MGMT  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$40119                                 | Other Services/Breakage    | MID CAP GR/TIMESSQUARE FD  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$-12716                                | Other Services/Breakage    | MID CAP VALUE/CRM FUND     |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$-208279                               | Other Services/Breakage    | OAKMARK EQUITY & INCOME    |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$1080                                  | Other Services/Breakage    | SA/DAVIS NY VENTURE STRAT  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$-104140                               | Other Services/Breakage    | SA/OAK EQ & INC STRAT      |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$157121                                | Other Services/Breakage    | SA/T ROWE PR GR STK STRAT  |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$-19707                                | Other Services/Breakage    | SM CAP GROWTH/ESSEX        |

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

## Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

| Plan Name                                                                        | Plan Number                                                                         | Plan Year Start Date | Plan Year End Date |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------|--------------------|
| FORTUNE PLASTICS, INC. 401(K) PENSION PLAN                                       | 002588                                                                              | 01/01/2009           | 12/31/2009         |
| Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation | EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation |                      |                    |
| Prudential Retirement Insurance and Annuity Company                              | 06-1050034                                                                          |                      |                    |

### Eligible Indirect Compensation

| Name of Service Provider/Payee                      | Name of Payor                                       | Amount of Fee or Formula | Nature of Service       | Name of Fund (for Formula) |
|-----------------------------------------------------|-----------------------------------------------------|--------------------------|-------------------------|----------------------------|
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$-17162                 | Other Services/Breakage | SMALL VALUE/OPUS CAPITAL   |
| Prudential Retirement Insurance and Annuity Company | Prudential Retirement Insurance and Annuity Company | \$314242                 | Other Services/Breakage | T ROWE PRICE GROWTH STOCK  |

Generally, eligible indirect compensation is reported on a calendar year basis. Fees are disclosed in basis points ("bps") and are expressed as annual fee rates of the amount invested. Unless otherwise noted, for plans with non-calendar fiscal years, fee schedules are for the calendar year ending with your plan year. Note for Short Plan Years - The information in this report is based on the prior calendar year. For more current information, please refer to your account documentation or contact your Prudential Client Service Representative.

Any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

If your report includes breakage, it is because in certain circumstances (such as trading errors or delays), market trades may occur at times when the security's share price or account's unit value related to the trade is not the price assured to the plan and participants. At the investment fund level, Prudential will net any pricing differences that occur along with other small differences and will either make-up any net loss (reported in this section as a negative number) or retain any net gain that results over the course of the year.

For Prudential Retirement Insurance and Annuity Company Alliance funds that converted to retail-branded sub-advised funds during the year, this report includes the fees in effect both before and after the conversion. Please refer to the communications you received for more information regarding which Alliance funds converted and the dates they converted.

For plans with IncomeFlex funds, please note that the fees described above include both investment management fees and guarantee fees.

For plans with an Individually Directed Account ("IDA"), the Variable Rate Savings Account ("VRSA") balance equals the amount of the IDA deposited in the VRSA, calculated on the basis of the average daily balances for the period. Assumed VRSA Spread is the periodic equivalent of the Federal Funds Rate calculated on the basis of the average daily rate in effect for the period, minus the interest rate credited under the VRSA product, calculated on the basis of the average daily rate in effect for the period.

Prudential Retirement Insurance and Annuity Company sub-advised separate accounts use the State Street Bank and Trust Company ("SSB&T"), Short Term Investment Fund ("STIF") for cash management purposes. The income earned by the cash invested in the SSB&T STIF, is net of SSB&T's management fee for the STIF, which is 0.01% on the first \$100M, 0.08% on the next \$400M, and 0.05% thereafter. To determine the daily effective fee rate, this fee schedule is applied to the aggregate STIF cash balance of all participating Prudential Retirement Insurance and Annuity Company separate accounts. The determined daily fee rate is then netted against the daily investment factor, which is then applied to each fund's respective STIF holding position.

In "fund-of-funds" arrangements, one "fund-of-funds" separate account invests in other "investment" separate accounts. In some cases, an "investment" separate account invests in mutual fund shares. We report investment management fees, sub-transfer agency fees, 12b-1 fees, securities lending fees, breakage/slippage and any soft dollar compensation as attributable to the "investment" separate account and not to the "fund-of-funds" separate account.

Based on guidance from the Department of Labor in the October 2009 Supplemental Frequently Asked Questions, we learned that transfer agency, sub-transfer agency, and 12b-1 fees can be reported as eligible indirect compensation even if the payment was made by a fund agent. We programmed our systems to report these fees under the Department of Labor's prior guidance, and we did not have enough time to revise our systems

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## Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

| Plan Name                                                                               | Plan Number | Plan Year Start Date                                                                       | Plan Year End Date |
|-----------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------|--------------------|
| FORTUNE PLASTICS, INC. 401(K) PENSION PLAN                                              | 002588      | 01/01/2009                                                                                 | 12/31/2009         |
| <b>Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation</b> |             | <b>EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation</b> |                    |
| Prudential Retirement Insurance and Annuity Company                                     |             | 06-1050034                                                                                 |                    |

### **Eligible Indirect Compensation**

requirements accordingly for 2009 reporting. We are currently reporting transfer agency and sub-transfer agency fees as follows: (1) eligible indirect compensation from the mutual fund to the transfer agent, Prudential Mutual Fund Services, LLC, and (2) indirect compensation from the transfer agent to the Prudential Insurance Company of America. In the future, we will be reporting these payments as eligible indirect compensation from the mutual fund to the Prudential Insurance Company of America. Similarly, we are currently reporting 12b-1 fees in the following two parts: (1) eligible indirect compensation from the mutual fund to the fund distributor, and (2) indirect compensation from the distributor to PIMS. In the future, we will be reporting these payments as eligible indirect compensation from the mutual fund to PIMS. We were not able to obtain employer identification numbers ("EINs") for some of these payments, and because EINs are not required under the revised reporting for eligible indirect compensation, we used default EINs (e.g., 99-9999999) in the report this year.

*This report may not summarize all of the eligible indirect compensation associated with your plan. When applicable, we provided (or will provide) you with additional disclosures on other eligible indirect compensation.*

*The information contained in this report is generally limited to information contained in our ordinary business records. This report, however, may include some limited information that third parties (e.g., sub-advisors and bank collective trusts) provided to us, which we included for your convenience.*

*For investment managers who receive soft dollar research that they cannot quantify or estimate, the attachment lists the top 10 brokers from which the manager received soft dollar research. Please contact your Prudential Client Service Representative to obtain a complete list of brokers from whom the manager received soft dollar research.*

*The compensation summarized in this report is based on what we were able to collect and report for 2009. Although we made a good faith effort and have been diligently working to complete any necessary recordkeeping and systems changes, we could not complete all of our systems changes in time for the full 2009 calendar year. This statement also applies to some third parties (e.g., sub-advisors and bank collective trusts) who were not able to complete the necessary recordkeeping and systems changes in time to provide us with information for the 2009 calendar year.*

*If you have questions about the contents of this report, please contact your Prudential Client Service Representative.*

*The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).*