# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ITS TECHNOLOGIES & LOGISTICS, LLC EMPLOYEES PENSION PLAN

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

**1c** Effective date of plan 05/20/2008

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ITS TECHNOLOGIES & LOGISTICS LLC

8200 W. 185TH STREET, SUITE A
TINLEY PARK, IL 60487

**2b** Employer Identification Number (EIN)
36-4427852

**2c** Sponsor's telephone number
708-225-2400

**2d** Business code (see instructions)
488210

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/22/2010 | GARY HAYDEN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/22/2010 | GARY HAYDEN |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
ITS TECHNOLOGIES & LOGISTICS LLC

8200 W. 185TH STREET, SUITE A
TINLEY PARK, IL 60487

**3b** Administrator's EIN
36-4427852

**3c** Administrator's telephone number
708-225-2400

**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** | 1201 |
| **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** | 1008 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 86 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1094 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 1094 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 183 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
ITS TECHNOLOGIES & LOGISTICS, LLC EMPLOYEES PENSION PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500.
ITS TECHNOLOGIES & LOGISTICS LLC

**D** Employer Identification Number (EIN)
36-4427852

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

**1** Coverage Information:

**(a)** Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE 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 |
| 04-1590850 | 65935 | SA 13011 | 1094 | 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 | 0 |

**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

| (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 | |
| | | | |

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 2854632 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 0 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 0 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 0 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

Specify nature of costs ▶

## Part IV Provision of Information

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

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

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
ITS TECHNOLOGIES & LOGISTICS, LLC EMPLOYEES PENSION PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ITS TECHNOLOGIES & LOGISTICS LLC

**D** Employer Identification Number (EIN)
36-4427852

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

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

## Part I Basic Information

| | | | | |
|---|---|---|---|---|
| **1** | Enter the valuation date: Month 01 Day 01 Year 2009 | | | |
| **2** | Assets: | | | |
| **a** | Market value | **2a** | | 972545 |
| **b** | Actuarial value | **2b** | | 972545 |
| **3** | Funding target/participant count breakdown | | **(1)** Number of participants | **(2)** Funding Target |
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 0 | 0 |
| **b** | For terminated vested participants | **3b** | 11 | 7033 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 155199 |
| | **(2)** Vested benefits | **3c(2)** | | 868290 |
| | **(3)** Total active | **3c(3)** | 1194 | 1023489 |
| **d** | Total | **3d** | 1205 | 1030522 |
| **4** | If the plan is at-risk, check the box and complete items (a) and (b) [ ] | | | |
| **a** | Funding target disregarding prescribed at-risk assumptions | **4a** | | |
| **b** | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | **4b** | | |
| **5** | Effective interest rate | **5** | | 7.75 % |
| **6** | Target normal cost | **6** | | 1175505 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

09/10/2010
Signature of actuary — Date

RICHARD A. ERICKSON — 08-05483
Type or print name of actuary — Most recent enrollment number

MASSMUTUAL LIFE INSURANCE COMPANY — 413-744-3601
Firm name — Telephone number (including area code)

1295 STATE STREET
SPRINGFIELD, MA 01111-0001
Address of the firm

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

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 0 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of -61.25 % | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 30609 |
| | b Interest on (a) using prior year's effective rate of 6.37 % | | 1950 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 32559 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Reduction in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12) | 0 | 0 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 94.37 % |
| 15 | Adjusted funding target attainment percentage | 15 | 94.37 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 0.00 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 03/02/2009 | 50000 | | 10/30/2009 | 150000 | |
| 03/30/2009 | 300000 | | 12/01/2009 | 150000 | |
| 04/16/2009 | 350000 | | | | |
| 05/29/2009 | 250000 | | | | |
| 08/31/2009 | 144090 | | | | |
| 09/30/2009 | 200000 | | | | |
| | | | Totals ► 18(b) | 1594090 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contribution from prior years. | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1536575 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

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

**b** Applicable month (enter code) ..... **21b** 3

**22** Weighted average retirement age ..... **22** 60

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

## Part VI Miscellaneous items

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

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

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [X] Yes [ ] No

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

## Part VII Reconciliation of unpaid minimum required contributions for prior years

**28** Unpaid minimum required contribution for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0

## Part VIII Minimum required contribution for current year

**31** Target normal cost, adjusted, if applicable (see instructions)..... **31** 1175505

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment ..... | 57976 | 10356 |
| **b** Waiver amortization installment..... | 0 | 0 |

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount ..... **33** 0

**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 1185861

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement ..... | 0 | 0 | 0 |

**36** Additional cash requirement (item 34 minus item 35)..... **36** 1185861

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 1536575

**38** Interest-adjusted excess contributions for current year (see instructions)..... **38** 350714

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0

**40** Unpaid minimum required contribution for all years ..... **40** 0

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

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

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| ITS TECHNOLOGIES & LOGISTICS, LLC EMPLOYEES PENSION PLAN | 001 |

| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
|---|---|
| ITS TECHNOLOGIES & LOGISTICS LLC | 36-4427852 |

## 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

**(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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 52 63 72 13 | CONTRACT ADMINISTRATOR | 100000 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| 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. |
|---|---|
| PREM INFLAT-PROT AND INCM BABSON<br><br>03-0532475 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (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. |
|---|---|
| PREM SHORT-DURATION BOND BABSON<br><br>04-3212057 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (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 BABSON<br><br>04-3212059 | 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 (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 CORE BOND BABSON<br><br>04-3277549 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (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 NORTHRN TRUST<br><br>04-3410047 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (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 SM CAP GR W&R/WELLINGTON<br><br>04-3464205 | 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 (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 II T.ROWE PRICE<br><br>04-3512596 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (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 LARGE CAP VALUE DAVIS<br><br>04-3513019 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (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 HIGH YIELD BABSON<br><br>04-3520009 | 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 (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 OVERSEAS MFS/HARRIS/ALLBER<br><br>04-3557000 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (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 FUNDAMENTAL VAL WELLINGTON<br><br>04-3584138 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (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. |
|---|---|
| SEL SMCOVAL FED CLOV/TRP/ERNST<br><br>04-3584140 | 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 (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 CAPITAL APPRECIATION OFI<br><br>51-0529336 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 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. |
|---|---|
| GROWTH AMERICA AMERICAN<br><br>52-0792143 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
ITS TECHNOLOGIES & LOGISTICS, LLC EMPLOYEES PENSION PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ITS TECHNOLOGIES & LOGISTICS LLC

**D** Employer Identification Number (EIN)
36-4427852

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

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-183 | P | 127241 |

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-133 | P | 408356 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W9

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-121 | P | 89279 |

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-171 | P | 89973 |

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-174 | P | 172577 |

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-166 | P | 306699 |

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-105 | P | 91069 |

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-078 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178150 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-045 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178684 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-418 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173525 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-043 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166466 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-042 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 320353 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-041 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 322861 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-274 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140845 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-378 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88552 |
|---|---|---|

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

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

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

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

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

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

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
ITS TECHNOLOGIES & LOGISTICS, LLC EMPLOYEES PENSION PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ITS TECHNOLOGIES & LOGISTICS LLC

**D** Employer Identification Number (EIN)
36-4427852

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1006010 | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 83 | 2854632 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1006093 | 2854632 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 58000 | 100000 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 58000 | 100000 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 948093 | 2754632 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 1593990 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1593990 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 372424 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1966414 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 22216 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 22216 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 100000 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 100000 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 122216 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 1844198 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | 37659 |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PRICE WATERHOUSE COOPERS, LLC (2) EIN: 13-4008324

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
ITS TECHNOLOGIES & LOGISTICS, LLC EMPLOYEES PENSION PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ITS TECHNOLOGIES & LOGISTICS LLC

**D** Employer Identification Number (EIN)
36-4427852

## Part I Distributions

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

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

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

EIN(s): 04-1590850

**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** 21

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: 53% Investment-Grade Debt: 36% High-Yield Debt: 5% Real Estate: 0% Other: 6%

**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):

# ITS Technologies & Logistics, LLC Employees' Pension Plan

**Financial Statements and Supplemental Schedule**
**December 31, 2009 and 2008**

# ITS Technologies & Logistics, LLC Employees' Pension Plan
## Index


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**Supplemental Schedule**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009 ..... 12


**Note:** Supplemental schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable to the ITS Technologies & Logistics, LLC Employees' Pension Plan.

**PricewaterhouseCoopers LLP**
One North Wacker
Chicago, IL 60606
Telephone (312) 298-2587
Direct Facsimile: (813) 282-6137

## Report of Independent Auditors

To the Participants and Plan Administrator of the
ITS Technologies & Logistics, LLC Employees' Pension Plan

We were engaged to audit the financial statements and supplemental schedule of the ITS Technologies & Logistics, LLC Employees' Pension Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and period from May 20 to December 31, 2008, as listed in the accompanying index. These financial statements and schedule 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 5, which was certified by Massachusetts Mutual Life Insurance Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and period from May 20 to December 31, 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

Chicago, Illinois
October 13, 2010

# ITS Technologies & Logistics, LLC Employees' Pension Plan
## Statements of Net Assets Available for Benefits
## December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | | |
| Investments in pooled separate accounts | $ 2,854,632 | $ 83 |
| Total investments | 2,854,632 | 83 |
| Receivables | | |
| Employer contribution receivable | - | 1,006,010 |
| Total assets | 2,854,632 | 1,006,093 |
| **Liabilities** | | |
| Administrative expenses payable | 100,000 | 58,000 |
| Total liabilities | 100,000 | 58,000 |
| Net assets available for benefits | $ 2,754,632 | $ 948,093 |

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

# ITS Technologies & Logistics, LLC Employees' Pension Plan
## Statements of Changes in Net Assets Available for Benefits
## Year Ended December 31, 2009 and Period from May 20 to December 31, 2008

| | 2009 | 2008 |
|---|---|---|
| **Additions** | | |
| Employer contributions | $ 1,593,990 | $ 1,006,110 |
| Net appreciation from investments in pooled separate accounts | 372,424 | - |
| Total additions | 1,966,414 | 1,006,110 |
| **Deductions** | | |
| Net depreciation from investments in pooled separate accounts | - | 17 |
| Benefit Payments | 22,216 | - |
| Administrative expenses | 137,659 | 58,000 |
| Total deductions | 159,875 | 58,017 |
| Net increase | 1,806,539 | 948,093 |
| Net assets available for benefits, beginning of year | 948,093 | - |
| Net assets available for benefits, end of year | $ 2,754,632 | $ 948,093 |

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

## 1. Description of Plan

The following description of the ITS Technologies & Logistics, LLC Employees' Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document or employee handbook for a more complete description of the Plan, vesting, benefit and allocation provisions.

### General

The Plan is a defined benefit pension plan covering employees of ITS Technologies & Logistics, LLC (the "Company"), that are nineteen or older and have completed one year of service. The Plan was established on May 20, 2008, subsequent to the acquisition of the Company by Intermodal Acquisition, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

### Contributions

Contributions are made solely by the Company and are based upon funding at least the minimum amounts required under the provisions of ERISA.

Contributions of $1,593,990 and $1,006,110 were made for the Plan years ended December 31, 2009 and 2008, respectively.

### Pension Benefits

Employees with five or more years of service are entitled to full annual pension benefits beginning at normal retirement age (65). The amount of the monthly benefit varies depending on the year of employment termination and the number of years of service as defined in the Plan document. Each participant who terminates employment prior to age 65 who has a vested interest in his accrued benefit is eligible for a deferred vested retirement benefit. Unmarried employees who so elect may receive their pension benefits in the form of a ten-year single life annuity. Married employees must receive their pension benefits in the form of a qualified joint and survivor annuity unless they elect otherwise with spousal consent. Other payment options are also available. Generally, participants are 100% vested after completing five years of credited service. No partial vesting occurs prior to five years of credited service.

### Death and Disability Benefits

If an active employee dies after completing five credited years of service, a death benefit is payable to the participant's spouse in the form of a qualified pre-retirement survivor annuity calculated as defined by the Plan.

Employees who become totally and permanently disabled receive a normal retirement benefit, based on average monthly earnings as of his/her termination date and the actuarial equivalent of his/her accrued benefit on the date the disability commenced.

**Plan Termination**
While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time subject to the provisions set forth under ERISA.

In the event the Plan is terminated, the net assets of the Plan after a provision has been made for payment of the expenses of administration and liquidation in connection with the termination, will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits of former employees or their beneficiaries that have been receiving benefit payments for at least three years or employees who were eligible to retire for that three-year period and would have been receiving benefits if they had retired with the normal form of annuity under the Plan receive an amount limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect at any time during the five years preceding plan termination.

b. Other vested benefits of individuals under the Plan guaranteed under Title IV of ERISA.

c. All other vested benefits (that is vested benefits not insured by the PBGC).

d. All nonvested benefits.

If the assets available for allocation are insufficient to satisfy in full the benefits of all individuals described in (a) and (b) above, the assets shall be allocated pro rata among such individuals on the basis of the present value on the date of termination of the Plan.

## 2. Summary of Accounting Policies

**Basis of Presentation**
The accompanying financial statements have been prepared on the accrual basis of accounting.

**Investment Valuation and Income Recognition**
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company has developed an investment policy for the Plan to invest in a broad range of securities. The diversified portfolio aims to maximize investment return without exposing it to risk levels above those determined by the Plan. See Note 6 for discussion of fair value measurements.

Following is a description of the valuation methodologies used for assets measured at fair value:

*Pooled Separate Accounts (PSA)*
Valued at the closing prices of its underlying securities on the valuation date, less total liabilities, including accrued liabilities, of the account. PSAs are classified as Level 2 on the fair value hierarchy because although the fund itself is not readily-marketable, it is comprised exclusively of readily-marketable securities with publicly-available quoted prices, and therefore, the fair market value can be readily determined. There are no unfunded commitments or redemption limitations with respect to these investments.

The Plan presents the net appreciation (depreciation) from investments in pooled separate accounts which consist of realized gains (losses) and the unrealized appreciation (depreciation) on those investments in the Statements of Changes in Net Assets Available for Benefits.

**Administrative Expenses**
The administrative expenses of the Plan are paid by the Plan.

**Use of Estimates**
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Payment of Benefits**
Benefit payments to participants are recorded upon distribution.

**Recent Accounting Pronouncements**
In 2009, the Company adopted the FASB Accounting Standards Codification guidelines which are now the single source of authoritative nongovernmental generally accepted accounting principles in the United States (GAAP). The only impact to the Plan is how GAAP is now referenced within the Plan's financial statements and notes.

In 2010, the FASB amended fair value disclosure requirements. This update requires a gross presentation of activities within the Level 3 rollforward and adds a new requirement to disclose transfers in and out of Level 1 and 2 measurements. The update further clarifies the existing disclosure requirements in ASC 820-10 regarding: i) the level of disaggregation of fair value measurements; and ii) the disclosures regarding inputs and valuation techniques. The required disclosure is included in Note 6.

In May 2009, the FASB issued a new accounting standard that requires disclosure in the financial statements to reflect the effects of subsequent events that provide additional information on conditions about the financial statements as of the Statement of Net Assets Available for Benefits date. See Note 10 for the related disclosure.

## 3. Income Tax Status and Reporting

The Company adopted a Prototype Standardized Tax-Qualified Defined Benefit Plan which received a favorable volume submitter approval letter from the Internal Revenue Service ("IRS") on August 7, 2008. The approval letter stated that the Plan is designed in accordance with applicable sections of the IRC. The Plan has not requested its own determination letter from the IRS. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and that the related trust is tax-exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 4. Investments

The following table presents investments that represent 5% or more of the net assets available for plan benefits as of December 31:

| | 2009 | 2008 |
|---|---|---|
| Separate interest accounts | | |
| Premier High Yield | $ 140,845 | $ 4 * |
| Premier Core Bond | 322,862 | 12 * |
| Premier Short-Duration Bond | 320,353 | 12 * |
| Premier Money Market | 166,466 | 5 * |
| Growth America | 173,526 | 5 * |
| Select Large Cap Value | 178,684 | 4 * |
| Premier Capital Appreciation | 178,150 | 4 * |
| Select Overseas | 306,699 | 8 * |
| Select Fundamental Value | 172,577 | 5 * |
| Select Indexed Equity | 408,356 | 11 * |

*Amount is less than 5% of net assets available for plan benefits and is presented for comparative purposes only.

## 5. Certified Financial Information

In accordance with the provisions of 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA, the Custodian has certified the following investment and related investment activity as complete and accurate.

| | 2009 | 2008 |
|---|---|---|
| **Investments** | | |
| Investments in pooled separate accounts | $ 2,854,632 | $ 83 |
| | $ 2,854,632 | $ 83 |
| **Investment income** | | |
| Net appreciation (depreciation) in the fair value of investments in pooled separate accounts | $ 372,424 | $ (17) |
| | $ 372,424 | $ (17) |

Investment information as shown in Note 4 and Note 6 of the financial statements has also been certified by the Custodian of the Plan.

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009 has also been certified as complete and accurate by the Custodian.

## 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, Fair Value Measurement and Disclosures, provides the framework for measuring fair value. That framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted 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 below:

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.

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's 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

| | Assets at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Pooled Separate Accounts | | | | |
| Domestic Equity | $ - | $ 1,470,166 | $ - | $ 1,470,166 |
| Fixed Income | - | 911,301 | - | 911,301 |
| Foreign/Global | - | 306,699 | - | 306,699 |
| Short-Term/Stable Value | - | 166,466 | - | 166,466 |
| Total assets at fair value | $ - | $ 2,854,632 | $ - | $ 2,854,632 |

| | Assets at Fair Value as of December 31, 2008 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Pooled Separate Accounts | | | | |
| Domestic Equity | $ - | $ 37 | $ - | $ 37 |
| Fixed Income | - | 33 | - | 33 |
| Foreign/Global | - | 8 | - | 8 |
| Short-Term/Stable Value | - | 5 | - | 5 |
| Total assets at fair value | $ - | $ 83 | $ - | $ 83 |

## 7. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions for services employees have rendered. The present value of accumulated plan benefits, determined by the Plan's actuary, results from applying assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Accumulated plan benefits as of December 31, 2009 and 2008 are as follows:

| | **2009** | **2008** |
|---|---|---|
| **Actuarial present value of accumulated plan benefits** | | |
| Vested benefits | | |
| Terminated vested participants | $ 158,871 | $ 7,033 |
| Other participants | 1,980,683 | 888,051 |
| | 2,139,554 | 895,084 |
| Nonvested benefits | 257,043 | 147,203 |
| Total actuarial present value of accumulated plan benefits | $ 2,396,597 | $ 1,042,287 |

Changes in the present value of accumulated plan benefits for the year ended December 31, 2009 and period from May 20 to December 31, 2008 were as follows:

| | | |
|---|---|---|
| Present value of accumulated plan benefits, May 20, 2008 | | $ - |
| Changes during the period attributable to: | | |
| Increase due to benefits accumulated | $ 795,131 | |
| Increase in interest period | 42,407 | |
| Effect of miscellaneous gains/losses and other demographic changes | 204,749 | |
| | | 1,042,287 |
| Present value of accumulated plan benefits, December 31, 2008 | | 1,042,287 |
| Changes during the period attributable to: | | |
| Increase due to benefits accumulated | 1,143,944 | |
| Increase in interest period | 174,010 | |
| Benefit payments | (22,216) | |
| Effect of miscellaneous gains/losses and other demographic changes | 58,572 | |
| | | 1,354,310 |
| Present value of accumulated plan benefits, December 31, 2009 | | $ 2,396,597 |

The significant actuarial assumptions used in the valuation as of December 31, 2009 and 2008 were as follows:

| | | |
|---|---|---|
| a. | Rate of Return on Plan Assets: | 8.00% |
| b. | Preretirement Mortality: | RP-2000 Mortality Tables for Non-annuitants, Fully Generational with Scale AA |
| c. | Postretirement Morality: | RP-2000 Mortality Tables for Annuitants, Fully Generational with Scale AA |
| d. | Assumed Retirement: | Age 60 |
| e. | Termination: | T-5 less 51GAT M |
| f. | Marriage: | Assumed that 80% of participants are married and that a male is 3 years older than his female spouse |
| g. | Plan Expenses: | Administrative expenses are expected to be paid from plan funds. |

## 8. 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 assets available for benefits.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to discount rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

## 9. Related Party Transactions

Plan investments are held by Massachusetts Mutual Life Insurance Company, who serves as the custodian and investment manager of the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

## 10. Subsequent Events

The Plan has evaluated subsequent events through October 13, 2010, which is the date these financial statements were available to be issued.

# SUPPLEMENTAL SCHEDULE

# ITS Technologies & Logistics, LLC Employees' Pension Plan
## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
## December 31, 2009 — Schedule I

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | MassMutual | Premier Mid Cap Value separate interest account | $ 73,412 | $ 88,552 |
| * | MassMutual | Premier High Yield separate interest account | 122,336 | 140,845 |
| * | MassMutual | Premier Core Bond separate interest account | 305,729 | 322,862 |
| * | MassMutual | Premier Short-Duration Bond separate interest account | 305,746 | 320,353 |
| * | MassMutual | Premier Money Market separate interest account | 166,466 | 166,466 |
| * | MassMutual | Growth America separate interest account | 146,799 | 173,526 |
| * | MassMutual | Select Large Cap Value separate interest account | 146,786 | 178,684 |
| * | MassMutual | Premier Capital Appreciation separate interest account | 146,790 | 178,150 |
| * | MassMutual | Select Small Cap Growth separate interest account | 73,411 | 91,069 |
| * | MassMutual | Select Overseas separate interest account | 244,616 | 306,699 |
| * | MassMutual | Select Fundamental Value separate interest account | 146,803 | 172,577 |
| * | MassMutual | Select Small Cap Value separate interest account | 73,417 | 89,973 |
| * | MassMutual | Select Mid Cap Growth II separate interest account | 73,396 | 89,279 |
| * | MassMutual | Select Indexed Equity separate interest account | 342,493 | 408,356 |
| * | MassMutual | Premium Inflation Protect Bond separate interest account | 122,304 | 127,241 |
| | | Total | $2,490,504 | $2,854,632 |

*Denotes party-in-interest

The information in this schedule has been certified as to its completeness and accuracy by Massachusetts Mutual Life Insurance Company, the Custodian of the Plan.

## Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 12/31/09

## Plan Sponsor: SA 013011-01

| (a) | (b) Identity of Issue, borrower, lessor or similar party | (c) Description of investment including maturity date, interest rate, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | MassMutual | (Premier Mid Cap Value) | 73,412 | 88,552 |
| * | MassMutual | (Premier High Yield) | 122,336 | 140,845 |
| * | MassMutual | (Premier Core Bond) | 305,729 | 322,861 |
| * | MassMutual | (Premier Short-Duration Bond) | 305,746 | 320,353 |
| * | MassMutual | (Premier Money Market) | 166,466 | 166,466 |
| * | MassMutual | (Growth America) | 146,799 | 173,525 |
| * | MassMutual | (Select Large Cap Value) | 146,786 | 178,684 |
| * | MassMutual | (Premier Capital Appreciation) | 146,790 | 178,150 |
| * | MassMutual | (Select Sm Cap Gr) | 73,411 | 91,069 |
| * | MassMutual | (Select Overseas) | 244,616 | 306,699 |
| * | MassMutual | (Select Fundamental Val) | 146,803 | 172,577 |
| * | MassMutual | (Select Small Co Value) | 73,417 | 89,973 |
| * | MassMutual | (Select Mid Cap Growth II) | 73,396 | 89,279 |
| * | MassMutual | (Select Indexed Eqty) | 342,493 | 408,356 |
| * | MassMutual | (Prem Inflat-Protect Bond) | 122,304 | 127,241 |

# Schedule H, line 4j - Schedule of Reportable Transactions: 12/31/09

## Plan Sponsor: SA 013011-01

| (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 trans | (g) Cost of asset | (h) Current Value of asset on transaction date | (i) Net gain or loss |
|---|---|---|---|---|---|---|---|---|
| MassMutual | (Premier Mid Cap Value) | 0 | 1,486 | N/A | 0 | 4,758 | 1,486 | -3,272 |
| MassMutual | (Premier Mid Cap Value) | 167 | 0 | N/A | 0 | 167 | 167 | 0 |
| MassMutual | (Premier High Yield) | 250 | 0 | N/A | 0 | 250 | 250 | 0 |
| MassMutual | (Premier High Yield) | 0 | 2,483 | N/A | 0 | 7,918 | 2,483 | -5,435 |
| MassMutual | (Premier Core Bond) | 540 | 0 | N/A | 0 | 540 | 540 | 0 |
| MassMutual | (Premier Core Bond) | 0 | 6,244 | N/A | 0 | 19,823 | 6,244 | -13,579 |
| MassMutual | (Premier Short-Duration Bon | 556 | 0 | N/A | 0 | 556 | 556 | 0 |
| MassMutual | (Premier Short-Duration Bon | 0 | 6,243 | N/A | 0 | 19,823 | 6,243 | -13,580 |
| MassMutual | (Premier Money Market) | 47,645 | 0 | N/A | 0 | 47,645 | 47,645 | 0 |
| MassMutual | (Premier Money Market) | 0 | 315 | N/A | 0 | 315 | 315 | 0 |
| MassMutual | (Growth America) | 325 | 0 | N/A | 0 | 325 | 325 | 0 |
| MassMutual | (Growth America) | 0 | 3,004 | N/A | 0 | 3,004 | 3,004 | 0 |
| MassMutual | (Select Large Cap Value) | 0 | 3,003 | N/A | 0 | 9,539 | 3,003 | -6,536 |
| MassMutual | (Select Large Cap Value) | 319 | 0 | N/A | 0 | 319 | 319 | 0 |
| MassMutual | (Premier Capital Appreciatio | 0 | 3,019 | N/A | 0 | 9,531 | 3,019 | -6,512 |
| MassMutual | (Premier Capital Appreciatio | 315 | 0 | N/A | 0 | 315 | 315 | 0 |
| MassMutual | (Select Sm Cap Gr) | 162 | 0 | N/A | 0 | 162 | 162 | 0 |
| MassMutual | (Select Sm Cap Gr) | 0 | 1,485 | N/A | 0 | 4,754 | 1,485 | -3,269 |
| MassMutual | (Select Overseas) | 566 | 0 | N/A | 0 | 566 | 566 | 0 |
| MassMutual | (Select Overseas) | 0 | 4,964 | N/A | 0 | 15,960 | 4,964 | -10,996 |
| MassMutual | (Select Fundamental Val) | 319 | 0 | N/A | 0 | 319 | 319 | 0 |
| MassMutual | (Select Fundamental Val) | 0 | 2,983 | N/A | 0 | 9,521 | 2,983 | -6,538 |
| MassMutual | (Select Small Co Value) | 161 | 0 | N/A | 0 | 161 | 161 | 0 |
| MassMutual | (Select Small Co Value) | 0 | 1,472 | N/A | 0 | 4,746 | 1,472 | -3,274 |
| MassMutual | (Select Mid Cap Growth II) | 157 | 0 | N/A | 0 | 157 | 157 | 0 |
| MassMutual | (Select Mid Cap Growth II) | 0 | 1,506 | N/A | 0 | 4,765 | 1,506 | -3,259 |
| MassMutual | (Select Indexed Eqty) | 702 | 0 | N/A | 0 | 702 | 702 | 0 |
| MassMutual | (Select Indexed Eqty) | 0 | 6,965 | N/A | 0 | 22,223 | 6,965 | -15,258 |
| MassMutual | (Prem Inflat-Protect Bond) | 0 | 2,502 | N/A | 0 | 7,932 | 2,502 | -5,430 |
| MassMutual | (Prem Inflat-Protect Bond) | 232 | 0 | N/A | 0 | 232 | 232 | 0 |

* This schedule was completed considering assets held under a MassMutual group annuity contract only

| A Name of Plan | B Three-digit plan Number |
|---|---|
| **ITS Technologies & Logistics LLC Plan** | |
| C Plan sponsor's name as shown on line 2a of Form 5500 | D Employer Identification Number |
| **ITS Technologies & Logistics** | **364427852** |

# Schedule C Formula Description and/or EIC Statement Description

| Service Provider Name | Service Provider EIN | Service Provider Address | Formula / EIC Statement |
|---|---|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 | | American Funds received estimated Other Fees of 17 basis points * plan assets with respect to Growth America (American) (SIA-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 the mutual fund underlying the Growth America (American) separate account (SIA-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 the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG). |
| 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 the mutual fund underlying the Growth America (American) separate account (SIA-GW). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-F). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Capital Appreciation (OFI) separate account (SIA-NC). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-E). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Discovery Value (OFI Inst) separate account (SIA-CF). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-DH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-G). |
| Massachusetts Mutual Life Insurance Company | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel SmCoVal (Fed Clov/TRP/ERNST) separate account (SIA-SY). |

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| | | |
|---|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-SK). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Indexed Eqty (Northrn Trust) separate account (SIA-X). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-J). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr II (T.Rowe Price) separate account (SIA-W9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-SH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-SC). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 12 basis points * plan assets with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-SK). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 12 basis points * plan assets with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-SC). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 13 basis points * plan assets with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 17 basis points * plan assets with respect to the mutual fund underlying the Sel SmCoVal (Fed Clov/TRP/ERNST) separate account (SIA-SY). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 19 basis points * plan assets with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-DH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 2 basis points * plan assets with respect to the mutual fund underlying the Premier Capital Appreciation (OFI) separate account (SIA-NC). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 3 basis points * plan assets with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-G). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 30 basis points * plan assets with respect to the mutual fund underlying the Select Indexed Eqty (Northrn Trust) separate account (SIA-X). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 32 basis points * plan assets with respect to the mutual fund underlying the Select Mid Cap Gr II (T.Rowe Price) separate account (SIA-W9). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 4 basis points * plan assets with respect to the mutual fund underlying the Select Overseas (MFS/Harris/AllBer) separate account (SIA-SH). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 8 basis points * plan assets with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-F). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Administrative Fees of 8 basis points * plan assets with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate |

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| | | |
|---|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 | account (SIA-J).<br>MassMutual received estimated Administrative Fees of 9 basis points * plan assets with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-E). |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to the mutual fund underlying the Growth America (American) separate account (SIA-GW). |

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# Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: January 1, 2009

Plan Effective Rate: 7.75%

| Date | Amount Paid in Cash | For Plan Year | Value as of January 1, 2009 |
|---|---|---|---|
| 03/02/09 | 50,000 | 2009 | 49,390 |
| 03/30/09 | 300,000 | 2009 | 294,649 |
| 04/16/09 | 350,000 | 2009 | 342,565 |
| 05/29/09 | 250,000 | 2009 | 242,547 |
| 08/31/09 | 144,090 | 2009 | 137,133 |
| 09/30/09 | 200,000 | 2009 | 189,179 |
| 10/30/09 | 150,000 | 2009 | 141,016 |
| 12/01/09 | 150,000 | 2009 | 140,096 |
| Total | $ 1,594,090 | | $ 1,536,575 |

# Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been mandated by statute and regulation or selected to reasonably anticipate future experience with respect to these variables.

## Funding Target and Liability for Maximum Tax Deductible Contribution

| | |
|---|---|
| Interest: | IRS October Full Yield Curve |
| Preretirement Mortality: | IRC Sec 430 2009 Static Non-Annuitant Tables |
| Postretirement Mortality: | IRC Sec 430 2009 Static Annuitant Tables |
| Assumed Retirement: | 60 |
| Termination: | T-5 LESS 51GAT M |
| Incidence of Disability: | None |
| Salary Scale: | 3.00% |
| Marriage: | It is assumed that 80% of participants are married and that a male is 3 years older than his female spouse. |
| Expenses: | Administrative expenses are expected to be paid from plan funds. |
| Optional Forms: | Liabilities include no load to account for the value of optional annuity forms. |

# Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service and salary increase in the current plan year plus plan expenses expected to be paid from plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

## Asset Valuation Method

The Actuarial Value of assets is equal to market value.

# Schedule SB, Part V - Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

**Plan:** ITS Technologies & Logistics, LLC Employees' Pension Plan

**Employer Identification Number/Plan Number:** 36-4427852/001

**Effective Date:** 5/20/08

**Plan Year:** January 1 through December 31

**Employer:** ITS Technologies & Logistics, LLC

**Employee:** Any person who is employed by the Employer. An individual who performs services for the Employer pursuant to an agreement between the Employer and an employee leasing organization shall not be considered to be an Employee.

**Participation:** An Employee will be eligible for participation on the date on which (s)he has attained age 19 and completed one year of Eligibility Service. A year of Eligibility Service is defined as a year in which the Employee completes at least 1000 Hours of Service. Participation is effective on the January 1 or July 1 coinciding with or next following the date the Employee becomes eligible for participation.
For purposes of determining an Employees' Eligibility Service, eligibility service earned under the Lanco International Inc. and Subsidiaries Employees Pension Plan will be included.

**Benefit Service:** The period of an Employee's employment with the Employer calculated in completed years and months from Date of Participation.

**Vesting Service:** The period of an Employee's employment with the Employer calculated in completed years and months.

**Normal Retirement Date:** The first day of the calendar month coincident with or next following the later of age 65 and the fifth anniversary of the effective date of participation.

**Early Retirement Date:** Any Participant who has a non-forfeitable right to a benefit may elect early retirement on the first day of any calendar month following the termination of Service.

**Compensation:** The forms of income reported by the Employer to the Internal Revenue Service for federal income tax purposes, including amounts contributed by the Employer pursuant to a salary reduction agreement which are includable in the gross income of the Participant under Sections 125, 401(e)(3), 402(h) or 403(b) of the Internal Revenue Code. Please refer to the Plan Document for more details.

**Monthly Earnings:** One-twelfth of a Participant's Compensation from the Employer in the latest completed twelve-month period starting on January 1, including overtime, bonuses, and other non-recurring compensation. Please refer to Plan Document for more details.

# Schedule SB, Part V - Summary of Plan Provisions

**Average Monthly Earnings:** The average of a Participant's greatest five consecutive Monthly Earnings, or all Monthly Earnings if there are fewer than five, taking into account no more than the fifteen Monthly Earnings preceding the date of determination.

**Normal Retirement Benefit:** 1% of Average Monthly Earnings times Benefit Service to a maximum of 30 years minus the Participant's monthly benefit determined under the Lanco International, Incorporated and Subsidiaries Employees' Pension Plan as of May 19, 2008. This formula applies to all Participants regardless of Participation Date.

Minimum Benefit is $25.00.

**Termination Benefit:** A Participant who has at least five years of Vesting Service has a non-forfeitable right to his or her Accrued Benefit.

**Early Retirement Benefit:** Actuarial equivalent of the accrued benefit payable at Normal Retirement Date.

**Normal Form:** Annuity payable for life with 120 monthly payments guaranteed or Joint and Survivor 50%.

**Optional Forms:** Joint and Survivor Annuity, Single Life Annuity, Life Annuity with 60, 120, or 180 monthly payments guaranteed, Life Annuity, and Cash.

**Death Benefits**

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

**Disability Benefit:** Actuarial Equivalent of the Participant's Accrued Benefit.

Schedule SB, Line 26 - Schedule of Active Participant Data

| Attained Age | YEARS OF CREDITED SERVICE | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | | 1 to 4 | | 5 to 9 | | 10 to 14 | | 15 to 19 | | 20 to 24 | | 25 to 29 | | 30 to 34 | | 35 to 39 | | 40 and up | |
| | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. |
| Under 25 | 42 | 28020 | 110 | 36143 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 25 to 29 | 22 | 28379 | 115 | 41220 | 35 | 50109 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 30 to 34 | 12 | | 84 | 42740 | 59 | 48694 | 14 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 35 to 39 | 13 | | 51 | 44495 | 66 | 52301 | 26 | 55794 | 10 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 40 to 44 | 10 | | 66 | 42637 | 41 | 50831 | 25 | 57348 | 15 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 45 to 49 | 8 | | 53 | 40282 | 57 | 53583 | 19 | | 22 | 63333 | 4 | | 0 | | 0 | | 0 | | 0 | |
| 50 to 54 | 5 | | 32 | 40367 | 29 | 54306 | 19 | | 14 | | 5 | | 1 | | 1 | | 0 | | 0 | |
| 55 to 59 | 2 | | 17 | | 20 | 42833 | 12 | | 12 | | 4 | | 2 | | 0 | | 0 | | 0 | |
| 60 to 64 | 1 | | 6 | | 12 | | 10 | | 2 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 65 to 69 | 0 | | 1 | | 2 | | 1 | | 3 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 70 & up | 0 | | 1 | | 1 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |

# Schedule SB, Line 32, Schedule of Amortization Bases

| Effective Date | Base Type | Initial Amount | Outstanding Balance | Years Remaining | Installments |
|---|---|---|---|---|---|
| 01/01/09 | Shortfall | 57,977 | 57,977 | 7 | 10,356 |
| Total | | 57,977 | 57,977 | | 10,356 |

# Schedule SB, Line 25 - Change in Method

## Summary of Changes to Funding Methods

The method to determine the Target Normal Cost was changed for Plan Years beginning after 2008. The Target Normal Cost will now include estimated plan expenses expected to be made from plan assets.

The interest rate assumption for valuing the Funding Target was changed from the IRS April 2008 Full Yield Curve in 2008, as elected from the IRS yield curve options by the Plan Sponsor to the IRS October 2008 Full Yield Curve in 2009.

| SCHEDULE SB (Form 5500) | Single-Employer Defined Benefit Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br>▶ File as an attachment to Form 5500 or 5500-SF. | 2009<br>This Form is Open to Public Inspection |

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

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

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

| A Name of plan | B Three-digit plan number (PN) ▶ | 001 |
|---|---|---|
| ITS Technologies & Logistics, LLC Employees Pension Plan | | |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | **D** Employer Identification Number (EIN) | |
| ITS Technologies & Logistics LLC | 36-4427852 | |

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

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

## Part I Basic Information

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

**2** Assets:

| | | | |
|---|---|---|---|
| a | Market value | 2a | 972,545 |
| b | Actuarial value | 2b | 972,545 |

**3** Funding target/participant count breakdown

| | | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|---|
| a | For retired participants and beneficiaries receiving payment | 3a | 0 | 0 |
| b | For terminated vested participants | 3b | 11 | 7,033 |
| c | For active participants: | | | |
| | (1) Non-vested benefits | 3c(1) | | 155,199 |
| | (2) Vested benefits | 3c(2) | | 868,290 |
| | (3) Total active | 3c(3) | 1,194 | 1,023,489 |
| d | Total | 3d | 1,205 | 1,030,522 |

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

| | | | |
|---|---|---|---|
| a | Funding target disregarding prescribed at-risk assumptions | 4a | |
| b | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | 4b | |
| **5** | Effective interest rate | 5 | 7.75 % |
| **6** | Target normal cost | 6 | 1,175,505 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary — Date: 9/10/10

Richard A. Erickson — Type or print name of actuary

08-05483 — Most recent enrollment number

MassMutual Life Insurance Company — Firm name

(413)744-3601 — Telephone number (including area code)

1295 State Street

Springfield MA 01111-0001 — Address of the firm

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

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 0 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of (61.25)% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Excess contributions (Item 38 from prior year) | | 30,609 |
| b | Interest on (a) using prior year's effective rate of 6.37 % | | 1,950 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 32,559 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Reduction in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) | 0 | 0 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 94.37 % |
| 15 | Adjusted funding target attainment percentage | 15 | 94.37 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | .00 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 03/02/2009 | 50,000 | | 10/30/2009 | 150,000 | |
| 03/30/2009 | 300,000 | | 12/01/2009 | 150,000 | |
| 04/16/2009 | 350,000 | | | | |
| 05/29/2009 | 250,000 | | | | |
| 08/31/2009 | 144,090 | | | | |
| 09/30/2009 | 200,000 | | | | |
| | | | Totals ▶ 18(b) | 1,594,090 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contribution from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1,536,575 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

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

**b** Applicable month (enter code) — **21b**: 3

**22** Weighted average retirement age — **22**: 60

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

## Part VI Miscellaneous items

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

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

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

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

## Part VII Reconciliation of unpaid minimum required contributions for prior years

**28** Unpaid minimum required contribution for all prior years — **28**: 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

## Part VIII Minimum required contribution for current year

**31** Target normal cost, adjusted, if applicable (see instructions) — **31**: 1,175,505

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 57,976 | 10,356 |
| **b** Waiver amortization installment | 0 | 0 |

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount — **33**: 0

**34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 1,185,861

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | 0 | 0 | 0 |

**36** Additional cash requirement (item 34 minus item 35) — **36**: 1,185,861

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 1,536,575

**38** Interest-adjusted excess contributions for current year (see instructions) — **38**: 350,714

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

**40** Unpaid minimum required contribution for all years — **40**: 0

# Schedule SB, Line 22 - Discription of Weighted Average Retirement Age

## Assumed Retirement Age

All Active Participants are assumed to retire at age 60.