# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

**1a** Name of plan
STRONGHOLD ENGINEERING, INC. 401K EMPLOYEES PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1997

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

STRONGHOLD ENGINEERING, INC.

2000 MARKET STREET
RIVERSIDE, CA 92501-1769

**2b** Employer Identification Number (EIN) 33-0886845

**2c** Sponsor's telephone number 951-684-9303

**2d** Business code (see instructions) 237990

**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. | 09/06/2012 | CHERYL PARRIS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
STRONGHOLD ENGINEERING, INC.

2000 MARKET STREET
RIVERSIDE, CA 92501-1769

**3b** Administrator's EIN
33-0886845

**3c** Administrator's telephone number
951-684-9303

**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** | 260 |
| **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** | 168 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 108 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 276 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 276 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 254 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 9 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | X Insurance | **(1)** | X Insurance |
| **(2)** | Code section 412(e)(3) insurance contracts | **(2)** | Code section 412(e)(3) insurance contracts |
| **(3)** | X Trust | **(3)** | X Trust |
| **(4)** | General assets of the sponsor | **(4)** | General assets of the sponsor |

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

**a Pension Schedules**

**(1)** X **R** (Retirement Plan Information)

**(2)** **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

**(3)** **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

**(1)** X **H** (Financial Information)

**(2)** **I** (Financial Information – Small Plan)

**(3)** X 1 **A** (Insurance Information)

**(4)** X **C** (Service Provider Information)

**(5)** X **D** (DFE/Participating Plan Information)

**(6)** **G** (Financial Transaction Schedules)

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
STRONGHOLD ENGINEERING, INC. 401K EMPLOYEES PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
STRONGHOLD ENGINEERING, INC.

**D** Employer Identification Number (EIN)
33-0886845

## 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
TRANSAMERICA 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 |
| 39-0989781 | 86231 | 801188 | 254 | 01/01/2011 | 12/31/2011 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 23349 | 6758 |

**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
LPL FINANCIAL CORPORATION
LPL FINANCIAL CORPORATION, 978
SAN DIEGO, CA 92121

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 23349 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSOCIATES IN EXCELLENCE
2125 OAK GROVE ROAD #310
WALNUT CREEK, CA 94598

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 0 | 6758 | TPA FEES PAID | 5 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 4712928 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 7192537 |

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 | 4143614 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 628071 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 112618 | | |
| | (4) Transferred from separate account | 7c(4) | 638800 | | |
| | (5) Other (specify below) | 7c(5) | 98669 | | |
| | ▶ LOAN REPAYMENTS AND MISC DEPOSIT | | | | |
| | (6) Total additions | | | 7c(6) | 1478158 |
| d | Total of balance and additions (add **b** and **c(6)**). | | | 7d | 5621772 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 533749 | | |
| | (2) Administration charge made by carrier | 7e(2) | 1788 | | |
| | (3) Transferred to separate account | 7e(3) | 284982 | | |
| | (4) Other (specify below) | 7e(4) | 88325 | | |
| | ▶ LOAN REQUESTS | | | | |
| | (5) Total deductions | | | 7e(5) | 908844 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 4712928 |

## Part III Welfare Benefit Contract Information

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

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

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
STRONGHOLD ENGINEERING, INC. 401K EMPLOYEES PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
STRONGHOLD ENGINEERING, INC.

**D** Employer Identification Number (EIN)
33-0886845

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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**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)

DAN LANGWORTHY

LPL FINANCIAL CORPORATION, 978
SAN DIEGO, CA 92121

94-3324288

| (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? |
|---|---|---|---|---|---|---|
| 26 27 28 99 | BROKER | 23349 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ASSOCIATES IN EXCELLENCE

2125 OAK GROVE ROAD #310
WALNUT CREEK, CA 94598

94-3324288

| (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? |
|---|---|---|---|---|---|---|
| 17 72 99 | TPA | 6758 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2011**

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

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

**A** Name of plan
STRONGHOLD ENGINEERING, INC. 401K EMPLOYEES PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
STRONGHOLD ENGINEERING, INC.

**D** Employer Identification Number (EIN)
33-0886845

**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: VANGUARD TARGET 2005

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-047 | P | 21437 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2015

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-048 | P | 7915 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2025

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-049 | P | 100199 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2035

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-050 | P | 127152 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2045

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-051 | P | 112480 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC-CONSERVATI

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-052 | P | 755135 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC-MODERATE P

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| 39-0989781-053 | P | 1873397 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC-MODERATE G

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

| **c** EIN-PN 39-0989781-054 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 996373 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC-GROWTH POR

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

| **c** EIN-PN 39-0989781-055 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 513285 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-068 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56068 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES

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

| **c** EIN-PN 39-0989781-075 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 290415 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-078 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8111 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2020

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

| **c** EIN-PN 39-0989781-110 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222312 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGAURD TARGET 2030

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

| **c** EIN-PN 39-0989781-111 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111453 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2040

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

| **c** EIN-PN 39-0989781-112 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143689 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2050

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

| **c** EIN-PN 39-0989781-113 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51362 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-133 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54430 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-231 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106953 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR

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

| **c** EIN-PN 39-0989781-236 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 268491 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-240 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169897 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP CORE EQUITY

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

| **c** EIN-PN 39-0989781-245 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10897 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-258 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16848 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE

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

| **c** EIN-PN 39-0989781-259 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71588 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-263 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156588 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-267 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48029 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-270 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49869 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-271 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173491 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON NATURAL RESOURC

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

| **c** EIN-PN 39-0989781-272 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121114 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR NEW INSIGHTS

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

| **c** EIN-PN 39-0989781-290 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170062 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-291 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21155 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-292 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18990 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-293 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48158 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SHORT DURATION BOND

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

| **c** EIN-PN 39-0989781-296 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14058 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON BATTERYMARCH EMERGING

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

| **c** EIN-PN 39-0989781-298 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103331 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-302 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6025 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-307 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8847 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-311 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71033 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-312 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64352 |
|---|---|---|

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

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

| **c** EIN-PN 39-0989781-313 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27550 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
STRONGHOLD ENGINEERING, INC. 401K EMPLOYEES PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
STRONGHOLD ENGINEERING, INC.

**D** Employer Identification Number (EIN)
33-0886845

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 315489 | 336791 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 12776 | 1986 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 509090 | 333915 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 10708502 | 7192537 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 4712930 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 11545857 | 12578159 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 12776 | 1986 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 12776 | 1986 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 11533081 | 12576173 |

## 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) | 1745444 | |
| **(B)** Participants | 2a(1)(B) | 451737 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2197181 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 13065 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 13065 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **2b** | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |
| | **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| | **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | -65957 |
| | **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| | **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| | **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 0 |
| **c** | Other income | 2c | | 0 |
| **d** | Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2144289 |
| | **Expenses** | | | |
| **e** | Benefit payment and payments to provide benefits: | | | |
| | **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 977743 | |
| | **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| | **(3)** Other | 2e(3) | 0 | |
| | **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 977743 |
| **f** | Corrective distributions (see instructions) | 2f | | 0 |
| **g** | Certain deemed distributions of participant loans (see instructions) | 2g | | 116696 |
| **h** | Interest expense | 2h | | 0 |
| **i** | Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| | **(2)** Contract administrator fees | 2i(2) | 0 | |
| | **(3)** Investment advisory and management fees | 2i(3) | 0 | |
| | **(4)** Other | 2i(4) | 6758 | |
| | **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 6758 |
| **j** | Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1101197 |
| | **Net Income and Reconciliation** | | | |
| **k** | Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1043092 |
| **l** | Transfers of assets: | | | |
| | **(1)** To this plan | 2l(1) | | |
| | **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: GALLINA, LLP **(2)** EIN: 94-2147510

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

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

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

**A** Name of plan
STRONGHOLD ENGINEERING, INC. 401K EMPLOYEES PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
STRONGHOLD ENGINEERING, INC.

**D** Employer Identification Number (EIN)
33-0886845

## Part I Distributions

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

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

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

EIN(s): 39-0989781

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

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

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

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

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

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

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

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan

## Financial Statements
## and Supplemental Information
## December 31, 2011 and 2010

# Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan
## Financial Statements and Supplemental Information
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GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

## Independent Auditor's Report

To the Trustee
**Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan**
Riverside, California

We were engaged to audit the accompanying statements of net assets available for benefits of Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and the supplemental 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 4, which was certified by Transamerica Life Insurance Company, custodian of the Plan, except for comparing the 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, 2011 and 2010, and for the year ended December 31, 2011, 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 the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the 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, is 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.

Gallina LLP

Rancho Cordova, California
August 22, 2012

# Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan
## Statements of Net Assets
## Available for Benefits
## December 31, 2011 and 2010

### Assets

| | 2011 | 2010 |
|---|---|---|
| Investments, at fair value: | | |
| Pooled separate accounts | $ 7,192,537 | $ 6,564,888 |
| Common collective trust | 4,712,930 | 4,143,614 |
| Total investments, at fair value | 11,905,467 | 10,708,502 |
| Receivables: | | |
| Employer match contributions | 131,698 | 154,203 |
| Employer prevailing wage contributions | 205,092 | 143,270 |
| Participant contributions | - | 18,016 |
| Notes receivable from participants | 333,915 | 509,090 |
| Other receivable | 1,986 | - |
| Total receivables | 672,691 | 824,579 |
| Total assets | $ 12,578,158 | $ 11,533,081 |

### Liabilities

| | | |
|---|---|---|
| Other payable | $ 1,986 | $ - |

### Net Assets Available for Benefits

| | | |
|---|---|---|
| Net assets available for benefits | $ 12,576,172 | $ 11,533,081 |

See accompanying notes.

# Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan
## Statement of Changes in Net Assets Available for Benefits
## For the Year Ended December 31, 2011

| | | |
|---|---|---|
| Additions (deductions) to net assets attributed to: | | |
| Investment income (loss): | | |
| Net depreciation in fair value of investments | | $ (65,957) |
| Interest income on notes receivable from participants: | | 13,065 |
| Contributions: | | |
| Employer match | $ 131,698 | |
| Employer prevailing wage | 1,613,746 | |
| Participant | 451,737 | |
| Total contributions | | 2,197,181 |
| Total additions, net | | 2,144,289 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants and beneficiaries | 1,094,439 | |
| Administrative expenses | 6,759 | |
| Total deductions | | 1,101,198 |
| Net increase | | 1,043,091 |
| Net assets available for benefits: | | |
| Beginning of year | | 11,533,081 |
| End of year | | $ 12,576,172 |

See accompanying notes.

# Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan
## Notes to the Financial Statements
## December 31, 2011 and 2010

**Note 1: Description of Plan:**

The following description of Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of the Plan's provisions.

General:

The Prevailing Wage Pension Plan was adopted on January 1, 1997, and amended and restated January 1, 2003, as a defined contribution plan covering eligible employees of Stronghold Engineering, Inc. (the Company) as defined by the Plan Agreement. Effective December 31, 2005, the net assets of Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan were merged into the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility:

Employees are eligible to make elective deferrals upon attaining the age of 21 and completing six months of employment in which at least 500 hours are worked. The Plan covers all Davis-Bacon or state prevailing wage contract employees regardless of age or hours of service requirements. Employees are eligible for discretionary matching contributions and discretionary employer profit sharing contributions if they are working for the Company on the last day of the Plan year, have completed at least 500 hours of service during the Plan year, and attained the age of 21.

Contributions:

Each year, participants may contribute up to the maximum allowed under the Internal Revenue Code, as defined in the Plan. For participants age 50 or older, an additional "catch-up" contribution was allowed up to limits as established by the IRS for the year ended December 31, 2011. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company also contributes the amount allowable as retirement contributions included under the General Prevailing Wage Determinations in effect and used to determine compensation for Davis-Bacon or state prevailing wage contracts. Profit sharing contributions are determined annually by the Company. The Company's Board of Directors may also elect to make contributions to match each participant's elective contribution. The Board of Directors elected to make matching contributions for the years ended December 31, 2011 and December 31, 2010 in the amount of $131,698 and $154,203, respectively.

**Note 1: Description of Plan, continued:**

Participant Accounts:

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

Vesting:

Participants are immediately vested in the prevailing wage contributions and employee compensation deferral portion plus actual earnings thereon. Vesting in the discretionary matching and employer contributions are based on covered years of service as defined. A participant is fully vested after five completed covered years of service. A covered year of service is a twelve-month period ending December 31 during which a participant worked for the Company at least 1,000 hours. A participant is also fully vested upon reaching normal retirement age, upon death, or upon becoming totally and permanently disabled.

Notes Receivable from Participants:

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the vested portion of the account balance. Note receivable transactions are treated as a transfer to (from) the investment fund(s) from (to) the participant's note receivable fund. Note receivable terms may not exceed five years except for the purchase of a primary residence. The notes receivable are secured by the balance in the participant's account and bear interest at a reasonable rate determined by the Plan administrator by reviewing the rates charged for similar types of notes receivable by other lenders. Interest rates range from 3.25% to 9.25% as of December 31, 2011, with maturity dates ranging from April 2012 to January 2022. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits:

On termination of service, death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Hardship distributions will be distributed as a lump-sum.

Forfeitures:

At December 31, 2011 and 2010, forfeited nonvested accounts totaled $5,976 and $12,776 respectively. These accounts will be used to reduce future employer contributions and pay Plan expenses. Forfeitures in the amount of $12,776 were used to offset the Company's matching contributions for the year ended December 31, 2011.

**Note 2: Summary of Significant Accounting Policies:**

Basis of Accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates:

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

Investment Valuation and Income Recognition:

The Plan's pooled separate accounts are stated 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. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

The Plan's common collective trust investment is stated at contract value. As discussed in Note 3, the Plan maintains an investment contract with Transamerica Life Insurance Company. The terms of the contract state that, for the life of the contract, the contract value will always equal fair value. Net appreciation in the contract (fair) value of investments includes realized and unrealized gains and losses.

Payment of Benefits:

Benefits are recorded when paid.

Administrative Expenses:

All administrative expenses may be paid out of the Plan unless paid by the Company. During the year ended December 31, 2011, the Plan paid for all administrative expenses.

**Note 2: Summary of Significant Accounting Policies, continued:**

Recent Accounting Pronouncements:

In May 2011, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") No. 2011-04, *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards*. The ASU clarified the application of certain existing fair value measurement guidance and expands the disclosure requirements for fair value measurements that are estimated using significant unobservable (Level 3) inputs and for assets and liabilities disclosed but not recorded at fair value. This ASU is effective for the Plan in 2012. The Plan does not expect the adoption of this ASU to have a material impact on its financial statements.

Subsequent Events:

Management has evaluated subsequent events through August 22, 2012, the date on which the financial statements were available to be issued. See Note 10.

**Note 3: Investment Contract with Insurance Company:**

In 2010, the Plan entered into a benefit responsive investment contract with Transamerica Life Insurance Company, which covers the common collective trust (Stable Value Advantage Option). The Fund is an investment in investment contracts and is included in the financial statements at contract value, which represents accumulated contributions made under the contract plus earnings, less withdrawals and administrative expenses. The Option is considered fully benefit responsive as withdrawals or transfers can be made at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of $4,712,930 and $4,143,614 included in the financial statements as of December 31, 2011 and 2010 approximates fair value. The Fund had an average yield of approximately 2.70% and 2.98% for the years ended December 31, 2011 and 2010, and a crediting interest rate of 2.45% and 2.11% as of December 31, 2011 and 2010.

**Note 4: Information Prepared and Certified by the Custodian:**

The following information included in the accompanying financial statements and supplemental schedule, was obtained from data that has been prepared and certified as complete and accurate by the custodian, Transamerica Life Insurance Company.

| | 2011 | 2010 |
|---|---|---|
| Investments at fair value: | | |
| Alger Small-Cap Growth | $ 54,430 | $ 47,719 |
| American Funds Europacific Growth | 56,068 | 61,944 |
| American Funds Fundamental Investors | 268,491 | 230,976 |
| American Funds New Perspective | 71,587 | 70,191 |
| BlackRock Equity Dividend | 169,897 | 137,121 |
| Columbia International Value | 8,846 | 51,895 |
| Fidelity Advisor New Insights | 170,062 | 148,453 |
| Fidelity Advisor Small-Cap | 16,848 | 16,444 |
| First American Real Estate Securities | 290,415 | 139,320 |
| First Eagle Overseas | 21,155 | 18,811 |
| Franklin Biotechnology Discovery | 156,588 | 155,064 |
| Franklin Small-Cap Value | 8,110 | 7,673 |
| Franklin Utilities | 48,029 | 46,221 |
| Invesco Mid-Cap Core Equity | 10,897 | 12,131 |
| Ivy Science & Technology | 173,491 | 189,238 |
| Janus Balanced | 106,953 | 82,299 |
| JPMorgan Core Bond | 18,990 | 6,359 |
| JPMorgan High Yield | 48,158 | 33,047 |
| JPMorgan Short Duration Bond | 14,058 | 17,423 |

**Note 4: Information Prepared and Certified by the Custodian, continued:**

| | 2011 | | 2010 | |
|---|---|---|---|---|
| Investments at fair value: | | | | |
| Legg Mason Battery March Emerging Markets | $ 103,331 | | $ 106,514 | |
| Mutual Financial Services | 49,869 | | 49,543 | |
| Neuberger Berman Genesis | 71,033 | | 62,103 | |
| PIMCO Total Return | 64,352 | | 100,904 | |
| Prudential Jennison Natural Resources | 121,114 | | 137,919 | |
| RidgeWorth Mid-Cap Core Equity | 6,025 | | 2,995 | |
| Templeton Global Bond | 27,550 | | 125,812 | |
| Transamerica Asset Allocation - Conservative Portfolio | 755,135 | * | 888,530 | * |
| Transamerica Asset Allocation - Growth Portfolio | 513,285 | | 638,358 | * |
| Transamerica Asset Allocation - Moderate Growth | 996,373 | * | 886,131 | * |
| Transamerica Asset Allocation - Moderate Portfolio | 1,873,398 | * | 1,775,629 | * |
| Transamerica Stable Value Advantage | 4,712,930 | * | 4,143,614 | * |
| Vanguard Target Retirement 2005 | 21,437 | | 5,845 | |
| Vanguard Target Retirement 2015 | 7,915 | | 6,375 | |
| Vanguard Target Retirement 2020 | 222,312 | | 11,640 | |
| Vanguard Target Retirement 2025 | 100,199 | | 36,011 | |
| Vanguard Target Retirement 2030 | 111,453 | | 16,143 | |
| Vanguard Target Retirement 2035 | 127,152 | | 63,823 | |
| Vanguard Target Retirement 2040 | 143,689 | | 139,537 | |
| Vanguard Target Retirement 2045 | 112,480 | | 15,494 | |
| Vanguard Target Retirement 2050 | 51,362 | | 23,253 | |
| | $ 11,905,467 | | $ 10,708,502 | |
| Net depreciation in fair value of investments | $ (65,957) | | | |

* Denotes investments which represent five percent or more of the net assets available for benefits in either year.

**Note 5: Fair Value Measurement of Investments:**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

*Pooled separate accounts*: Valued at the net asset value (NAV) of shares held by the Plan at year end.

*Common collective trust*: Valued at contract value, which approximates fair value.

The methods described above may produce a fair value calculation that may not be as indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**Note 5: Fair Value Measurement of Investments, continued:**

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2011 and December 31, 2010:

| | Investments at Fair Value as of December 31, 2011 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Pooled separate accounts: | | | | |
| Bond | $ 173,107 | $ - | $ - | $ 173,107 |
| Hybrid | 4,245,144 | - | - | 4,245,144 |
| Target | 897,999 | - | - | 897,999 |
| Large/Mid value | 444,413 | - | - | 444,413 |
| Large/Mid growth | 224,492 | - | - | 224,492 |
| Small company | 95,991 | - | - | 95,991 |
| International | 86,070 | - | - | 86,070 |
| Specialty | 942,836 | - | - | 942,836 |
| Other | 82,485 | - | - | 82,485 |
| Common collective trust | - | 4,712,930 | - | 4,712,930 |
| Total assets at fair value | $ 7,192,537 | $ 4,712,930 | $ - | $ 11,905,467 |

| | Investments at Fair Value as of December 31, 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Pooled separate accounts: | | | | |
| Bond | $ 283,545 | $ - | $ - | $ 283,545 |
| Hybrid | 4,270,948 | - | - | 4,270,948 |
| Target | 318,121 | - | - | 318,121 |
| Large/Mid value | 371,092 | - | - | 371,092 |
| Large/Mid growth | 196,172 | - | - | 196,172 |
| Small company | 86,220 | - | - | 86,220 |
| International | 132,650 | - | - | 132,650 |
| Specialty | 823,819 | - | - | 823,819 |
| Other | 82,321 | - | - | 82,321 |
| Common collective trust | - | 4,143,614 | - | 4,143,614 |
| Total assets at fair value | $ 6,564,888 | $ 4,143,614 | $ - | $ 10,708,502 |

**Note 6: Tax Status:**

The Plan obtained its latest determination letter on March 11, 2009, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

**Note 7: Transactions with Parties-in-Interest:**

Certain plan investments are shares of mutual funds managed by Transamerica Life Insurance Company. Transamerica Life Insurance Company is the custodian as defined by the plan and, therefore, these transactions qualify as party-in-interest transactions.

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

**Note 8: Plan Termination:**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event of Plan termination, participants will become fully vested in their account balances.

**Note 9: Risks and Uncertainties:**

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

**Note 10: Subsequent Event:**

Subsequent to year end, the Board of Directors elected to replace the Trustee of the Plan. Beverly Bailey, President and Chief Executive Officer of Stronghold Engineering, Inc., has been named as the new Trustee of the Plan pursuant to the amendment signed on July 12, 2012.

# Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan
**Employer Identification Number 33-0886845**
**Plan Number - 002**
**Schedule H, line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2011**

| *( a )* | *( b )* | *( c )* | *(d)* | *( e )* |
|---|---|---|---|---|
| | *Identity of Issue, Borrower, Lessor, or Similar Party* | *Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value* | *Cost* | *Current Value* |
| | Transamerica | Alger Small-Cap Growth | | $ 54,430 |
| | Transamerica | American Funds Europacific Growth | | 56,068 |
| | Transamerica | American Funds Fundamental Investors | | 268,491 |
| | Transamerica | American Funds New Perspective | | 71,587 |
| | Transamerica | BlackRock Equity Dividend | | 169,897 |
| | Transamerica | Columbia International Value | | 8,846 |
| | Transamerica | Fidelity Advisor New Insights | | 170,062 |
| | Transamerica | Fidelity Advisor Small-Cap | | 16,848 |
| | Transamerica | First American Real Estate Securities | | 290,415 |
| | Transamerica | First Eagle Overseas | | 21,155 |
| | Transamerica | Franklin Biotechnology Discovery | | 156,588 |
| | Transamerica | Franklin Small-Cap Value | | 8,110 |
| | Transamerica | Franklin Utilities | | 48,029 |
| | Transamerica | Invesco Mid-Cap Core Equity | | 10,897 |
| | Transamerica | Ivy Science & Technology | | 173,491 |
| | Transamerica | Janus Balanced | | 106,953 |
| | Transamerica | JPMorgan Core Bond | | 18,990 |
| | Transamerica | JPMorgan High Yield | | 48,158 |
| | Transamerica | JPMorgan Short Duration Bond | | 14,058 |
| | Transamerica | Legg Mason Battery March Emerging Markets | | 103,331 |
| | Transamerica | Mutual Financial Services | | 49,869 |
| | Transamerica | Neuberger Berman Genesis | | 71,033 |
| | Transamerica | PIMCO Total Return | | 64,352 |
| | Transamerica | Prudential Jennison Natural Resources | | 121,114 |
| | Transamerica | RidgeWorth Mid-Cap Core Equity | | 6,025 |
| | Transamerica | Templeton Global Bond | | 27,550 |
| * | Transamerica | Transamerica Asset Allocation - Conservative | | 755,135 |
| * | Transamerica | Transamerica Asset Allocation - Growth Portfolio | | 513,285 |
| * | Transamerica | Transamerica Asset Allocation - Moderate Growth | | 996,373 |
| * | Transamerica | Transamerica Asset Allocation - Moderate Portfolio | | 1,873,398 |
| * | Transamerica | Transamerica Stable Value Advantage | | 4,712,930 |

* Party-in-interest

The independent auditor's report should be read in connection with this supplemental schedule.

# Stronghold Engineering, Inc. 401(k) Employees' Profit Sharing Plan
**Employer Identification Number 33-0886845**
**Plan Number - 002**
**Schedule H, line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2011**

| *( a )* | *( b )* | *( c )* | *(d)* | *( e )* |
|---|---|---|---|---|
| *Identity of Issue, Borrower, Lessor, or Similar Party* | | *Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value* | *Cost* | *Current Value* |
| Transamerica | | Vanguard Target Retirement 2005 | | $ 21,437 |
| Transamerica | | Vanguard Target Retirement 2015 | | 7,915 |
| Transamerica | | Vanguard Target Retirement 2020 | | 222,312 |
| Transamerica | | Vanguard Target Retirement 2025 | | 100,199 |
| Transamerica | | Vanguard Target Retirement 2030 | | 111,453 |
| Transamerica | | Vanguard Target Retirement 2035 | | 127,152 |
| Transamerica | | Vanguard Target Retirement 2040 | | 143,689 |
| Transamerica | | Vanguard Target Retirement 2045 | | 112,480 |
| Transamerica | | Vanguard Target Retirement 2050 | | 51,362 |
| | | | | 11,905,467 |
| Notes Receivable from Participants | | Interest rates 3.25% - 9.25% | | 333,915 |
| Total | | | | $ 12,239,382 |

* Party-in-interest

The independent auditor's report should be read in connection with this supplemental schedule.

SCHEDULE H - LINE 4I
STRONGHOLD ENGINEERING, INC. 401(K) EMPLOYEES PROFIT SHARING PLAN
EIN: 39-0989781

| Entity | Fund Name | Fund Balance |
|---|---|---|
| Transamerica Life Insurance Company | Vanguard Target Retirement 2005 Ret Opt | 21,437.36 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2015 Ret Opt | 7,914.84 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2025 Ret Opt | 100,199.26 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2035 Ret Opt | 127,152.10 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2045 Ret Opt | 112,479.97 |
| Transamerica Life Insurance Company | Transamerica Asset Allocation - Conservative Portfolio Ret Opt | 755,135.18 |
| Transamerica Life Insurance Company | Transamerica Asset Allocation - Moderate Portfolio Ret Opt | 1,873,397.59 |
| Transamerica Life Insurance Company | Transamerica Asset Allocation - Moderate Growth Portfolio Ret Opt | 996,372.75 |
| Transamerica Life Insurance Company | Transamerica Asset Allocation - Growth Portfolio Ret Opt | 513,285.22 |
| Transamerica Life Insurance Company | American Funds EuroPacific Growth Ret Opt | 56,068.27 |
| Transamerica Life Insurance Company | Nuveen Real Estate Securities Ret Opt | 290,414.91 |
| Transamerica Life Insurance Company | Franklin Small Cap Value Ret Opt | 8,110.49 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2020 Ret Opt | 222,311.57 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2030 Ret Opt | 111,452.70 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2040 Ret Opt | 143,688.54 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2050 Ret Opt | 51,362.23 |
| Transamerica Life Insurance Company | Alger SMid Cap Growth Ret Opt | 54,429.67 |
| Transamerica Life Insurance Company | Janus Balanced Ret Opt | 106,953.25 |
| Transamerica Life Insurance Company | American Funds Fundamental Investors Ret Opt | 268,490.70 |
| Transamerica Life Insurance Company | BlackRock Equity Dividend Ret Opt | 169,897.06 |
| Transamerica Life Insurance Company | Invesco Mid Cap Core Equity Ret Opt | 10,897.42 |
| Transamerica Life Insurance Company | Fidelity Advisor Small Cap Ret Opt | 16,847.65 |
| Transamerica Life Insurance Company | American Funds New Perspective Ret Opt | 71,587.49 |
| Transamerica Life Insurance Company | Franklin Biotechnology Discovery Ret Opt | 156,587.79 |
| Transamerica Life Insurance Company | Franklin Utilities Ret Opt | 48,028.70 |
| Transamerica Life Insurance Company | Mutual Financial Services Ret Opt | 49,868.98 |
| Transamerica Life Insurance Company | Ivy Science & Technology Ret Opt | 173,491.17 |
| Transamerica Life Insurance Company | Prudential Jennison Natural Resources Ret Opt | 121,114.08 |
| Transamerica Life Insurance Company | Fidelity Advisor New Insights Ret Opt | 170,062.39 |
| Transamerica Life Insurance Company | First Eagle Overseas Ret Opt | 21,155.34 |

| | | |
|---|---|---|
| Transamerica Life Insurance Company | JPMorgan Core Bond Ret Opt | 18,989.92 |
| Transamerica Life Insurance Company | JPMorgan High Yield Ret Opt | 48,157.52 |
| Transamerica Life Insurance Company | JPMorgan Short Duration Bond Ret Opt | 14,057.64 |
| Transamerica Life Insurance Company | Legg Mason Batterymarch Emerging Markets Ret Opt | 103,330.68 |
| Transamerica Life Insurance Company | RidgeWorth Mid-Cap Value Equity Ret Opt | 6,025.07 |
| Transamerica Life Insurance Company | Columbia International Value Ret Opt | 8,846.77 |
| Transamerica Life Insurance Company | Neuberger Berman Genesis Ret Opt | 71,033.20 |
| Transamerica Life Insurance Company | PIMCO Total Return Ret Opt | 64,351.62 |
| Transamerica Life Insurance Company | Templeton Global Bond Ret Opt | 27,549.80 |
| Transamerica Life Insurance Company | Stable Value Advantage Ret Opt | 4,712,929.87 |
| Transamerica Life Insurance Company | Qualified Participant Loans | 333,915.14 |
| | | 12,239,381.90 |

SCHEDULE H - LINE 4I
STRONGHOLD ENGINEERING, INC. 401(K) EMPLOYEES PROFIT SHARING PLAN
EIN: 39-0989781

| Entity | Fund Name | Fund Balance |
|---|---|---|
| Transamerica Life Insurance Company | Vanguard Target Retirement 2005 Ret Opt | 21,437.36 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2015 Ret Opt | 7,914.84 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2025 Ret Opt | 100,199.26 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2035 Ret Opt | 127,152.10 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2045 Ret Opt | 112,479.97 |
| Transamerica Life Insurance Company | Transamerica Asset Allocation - Conservative Portfolio Ret Opt | 755,135.18 |
| Transamerica Life Insurance Company | Transamerica Asset Allocation - Moderate Portfolio Ret Opt | 1,873,397.59 |
| Transamerica Life Insurance Company | Transamerica Asset Allocation - Moderate Growth Portfolio Ret Opt | 996,372.75 |
| Transamerica Life Insurance Company | Transamerica Asset Allocation - Growth Portfolio Ret Opt | 513,285.22 |
| Transamerica Life Insurance Company | American Funds EuroPacific Growth Ret Opt | 56,068.27 |
| Transamerica Life Insurance Company | Nuveen Real Estate Securities Ret Opt | 290,414.91 |
| Transamerica Life Insurance Company | Franklin Small Cap Value Ret Opt | 8,110.49 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2020 Ret Opt | 222,311.57 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2030 Ret Opt | 111,452.70 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2040 Ret Opt | 143,688.54 |
| Transamerica Life Insurance Company | Vanguard Target Retirement 2050 Ret Opt | 51,362.23 |
| Transamerica Life Insurance Company | Alger SMid Cap Growth Ret Opt | 54,429.67 |
| Transamerica Life Insurance Company | Janus Balanced Ret Opt | 106,953.25 |
| Transamerica Life Insurance Company | American Funds Fundamental Investors Ret Opt | 268,490.70 |
| Transamerica Life Insurance Company | BlackRock Equity Dividend Ret Opt | 169,897.06 |
| Transamerica Life Insurance Company | Invesco Mid Cap Core Equity Ret Opt | 10,897.42 |
| Transamerica Life Insurance Company | Fidelity Advisor Small Cap Ret Opt | 16,847.65 |
| Transamerica Life Insurance Company | American Funds New Perspective Ret Opt | 71,587.49 |
| Transamerica Life Insurance Company | Franklin Biotechnology Discovery Ret Opt | 156,587.79 |
| Transamerica Life Insurance Company | Franklin Utilities Ret Opt | 48,028.70 |
| Transamerica Life Insurance Company | Mutual Financial Services Ret Opt | 49,868.98 |
| Transamerica Life Insurance Company | Ivy Science & Technology Ret Opt | 173,491.17 |
| Transamerica Life Insurance Company | Prudential Jennison Natural Resources Ret Opt | 121,114.08 |
| Transamerica Life Insurance Company | Fidelity Advisor New Insights Ret Opt | 170,062.39 |
| Transamerica Life Insurance Company | First Eagle Overseas Ret Opt | 21,155.34 |

| | | |
|---|---|---|
| Transamerica Life Insurance Company | JPMorgan Core Bond Ret Opt | 18,989.92 |
| Transamerica Life Insurance Company | JPMorgan High Yield Ret Opt | 48,157.52 |
| Transamerica Life Insurance Company | JPMorgan Short Duration Bond Ret Opt | 14,057.64 |
| Transamerica Life Insurance Company | Legg Mason Batterymarch Emerging Markets Ret Opt | 103,330.68 |
| Transamerica Life Insurance Company | RidgeWorth Mid-Cap Value Equity Ret Opt | 6,025.07 |
| Transamerica Life Insurance Company | Columbia International Value Ret Opt | 8,846.77 |
| Transamerica Life Insurance Company | Neuberger Berman Genesis Ret Opt | 71,033.20 |
| Transamerica Life Insurance Company | PIMCO Total Return Ret Opt | 64,351.62 |
| Transamerica Life Insurance Company | Templeton Global Bond Ret Opt | 27,549.80 |
| Transamerica Life Insurance Company | Stable Value Advantage Ret Opt | 4,712,929.87 |
| Transamerica Life Insurance Company | Qualified Participant Loans | 333,915.14 |
| | | 12,239,381.90 |