

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
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>09/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE GORES GROUP, LLC - 401(K) PLAN II</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2011</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>09/01/2011</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>09/01/2011</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>THE GORES GROUP, LLC</u> <u>10877 WILSHIRE BLVD. 18TH FLOOR</u> <u>LOS ANGELES, CA 90024</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-1066785</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>310-209-3010</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>551112</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-1066785</u>	2c Sponsor's telephone number <u>310-209-3010</u>	2d Business code (see instructions) <u>551112</u>	
2b Employer Identification Number (EIN) <u>33-1066785</u>					
2c Sponsor's telephone number <u>310-209-3010</u>					
2d Business code (see instructions) <u>551112</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2012	STEVEN EISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2012	STEVEN EISNER
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE GORES GROUP, LLC 10877 WILSHIRE BLVD. 18TH FLOOR LOS ANGELES, CA 90024	3b Administrator's EIN 33-1066785 3c Administrator's telephone number 310-209-3010
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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
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5 Total number of participants at the beginning of the plan year	5	261
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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	271
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	4
d Subtotal. Add lines 6a , 6b , and 6c	6d	275
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	275
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	99
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7

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

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

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) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ 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)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 09/01/2011 and ending 12/31/2011

A Name of plan <u>THE GORES GROUP, LLC - 401(K) PLAN II</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE GORES GROUP, LLC</u>	D Employer Identification Number (EIN) <u>33-1066785</u>

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
PUTNAM INVESTMENTS ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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.
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For calendar plan year 2011 or fiscal plan year beginning 09/01/2011 and ending 12/31/2011

A Name of plan THE GORES GROUP, LLC - 401(K) PLAN II	B Three-digit plan number (PN)	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE GORES GROUP, LLC	D Employer Identification Number (EIN) 33-1066785	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM S & P 500 INDEX

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN 04-2884233-201	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15678
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 712232
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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)
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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)
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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)
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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)
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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)
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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
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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
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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
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For calendar plan year 2011 or fiscal plan year beginning <u>09/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>THE GORES GROUP, LLC - 401(K) PLAN II</u>	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE GORES GROUP, LLC</u>	D Employer Identification Number (EIN) <u>33-1066785</u>	

Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	66708
(9) Value of interest in common/collective trusts.....	1c(9)	0	727910
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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	2397485
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	0	3192103

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	3192103
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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)	3689	
(B) Participants	2a(1)(B)	57090	
(C) Others (including rollovers)	2a(1)(C)	3025596	
(2) Noncash contributions	2a(2)	0	3086375
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	1288	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1288
(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)		
(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)		1374
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		46011
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3135048

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(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)		0
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
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)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3135048
l Transfers of assets:			
(1) To this plan.....	2l(1)		57055
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FREEDMAN AND GOLDBERG CPA P.C.

(2) EIN: 38-2622626

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	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.	X		

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

**THE GORES GROUP, LLC 401(K) PLAN II
NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF DECEMBER 31, 2011
AND
THE STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE PERIOD SEPTEMBER 1, 2011
THROUGH DECEMBER 31, 2011**

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FREEDMAN & GOLDBERG

CERTIFIED PUBLIC ACCOUNTANTS

A PROFESSIONAL CORPORATION

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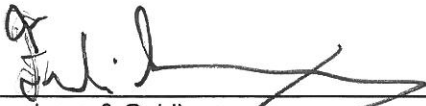
Independent Auditor's Report

To the Plan Administrator
The Gores Group, LLC 401(k) Plan II

We were engaged to audit the accompanying statement of net assets available for plan benefits of The Gores Group, LLC 401(k) Plan II as of December 31, 2011 and the related statement of change in net assets available for plan benefits for the period September 1, 2011 through 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 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 3, which was certified by Putnam Investments, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and for the period September 1, 2011 through December 31, 2011, that the information provided to the plan administrator by the trustee 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 taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and in, our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Freedman & Goldberg
Certified Public Accountants

Farmington Hills, MI
October 9, 2012



THE GORES GROUP 401(K) PLAN II
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

As of December 31, 2011

ASSETS

Investments, at Fair Value	
Participant Direct Investments	
Mutual Funds	\$ 2,397,485
Common/collective Trust	727,910
Participant Loans	66,708
Total Investments at Fair Value	<u>3,192,103</u>
Receivables:	
Participant Contributions	3,015
Employer Contributions	159
Total Receivables	<u>3,174</u>
Net Assets Available for Plan Benefits	<u>\$ 3,195,277</u>

THE GORES GROUP 401(K) PLAN II
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

As of December 31, 2011

Additions	
Investment Income	\$ 48,673
Contributions	
Participant Contributions	60,105
Employer Contributions	3,848
Rollover Contributions	3,025,596
Total Contributions	3,089,549
Transfer of Assets	57,055
Total Additions	3,195,277
Deductions	
Benefits Paid to Participants	-
Fees	-
Total Deductions	-
Increase in Net Assets Available for Benefits	3,195,277
Net Assets Available for Benefits – Beginning of Period	-
Net Assets Available for Benefits – End of Period	\$ 3,195,277

Note 1. Description of the Plan

The following description of The Gores Group, LLC 401(k) Plan II (the "Plan") provides summary information for general purposes only. Participants should refer to the Summary Plan Description or the Plan Agreement for a more complete description of the Plan's provisions. The Summary Plan Description has been made available to all participants in the Plan, and a copy of the Plan agreement is available from the Plan administrator.

- A. General – The Plan, a defined contribution plan, established on September 1, 2011, is a qualified retirement plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). During 2011, the Plan covered employees of Equinox Payments, LLC.
- B. Administration – The Plan is administered by The Gores Group, LLC (the "Company"). The Plan's trustee and custodian is Putnam Investments who has been appointed by an authorized representative of the Company. Certain administrative expenses incurred by the Plan have been paid for by the Company.
- C. Contributions – Participation in the Plan is available to any employee of the Company who is age twenty-one or older. Plan provisions allow participants to defer up to 100% of the participant's eligible compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers numerous mutual fund accounts, a common collective trust, brokerage securities and a money market fund as investment options for Plan participants. The Company makes contributions based on matching formulas determined by the individual companies. Contributions are subject to certain limitations.

- D. Participant Accounts – Each participant account is credited with the participant's contributions and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- E. Vesting – Employee contributions are fully vested at all times. Participants vest in the Company's contributions proportionately over a period of three to five years, based on the individual company's schedule, with full vesting at the end of the vesting period or earlier upon the attainment of age 59 ½, death, or permanent disability of a participant. In addition, certain groups of acquired employees are 100% vested in Company contributions.
- F. Participant Loans – Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms may range up to five years, unless the loan is for the purchase of a primary residence when the term can be extended to fifteen years. The loans are secured by the balance of the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest is paid through payroll deductions.

Loan transactions are treated as transfers between the applicable investment funds and loan fund. Interest earned on loan balances is treated as income to the loan fund and a subsequent transfer into the employee's investment funds.

- G. Payment of Benefits – Upon normal retirement at 59 ½, death, disability, or termination of services for other reasons, the participant or beneficiary will receive lump-sum or annual payments equal to the value of the participant's vested interest in his or her accounts.

December 31, 2011

Note 1. Description of the Plan (Continued)

- H. Forfeited Accounts – As of December 31, 2011, there was zero in forfeited non-vested accounts. These accounts may be used to reduce future employer contributions or pay administrative expenses. No Forfeited non-vested accounts were used to reduce employer contributions and pay administrative expenses for the period September 1, 2011 through December 31, 2011.

Note 2. Summary of Significant Accounting Policies

- A. Basis of Accounting – The Plan's accounting records are maintained on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.
- B. Use of Estimates – The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.
- C. Investment Valuation and Income Recognition – The Plan's investments are stated at fair value based on quoted market prices of underlying assets as determined by the Plan's custodian. Participant loans are valued at their outstanding balances, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.
- D. Payment of Benefits – Benefits are recorded when paid. Requests for distribution of Plan benefits by terminated participants are processed at different times throughout the year. At December 31, 2011, there were no outstanding requests for distribution of benefit claims payable.

Note 3. Investments

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

Total investments as shown in the accompanying statement of net assets available for benefits was \$3,195,277 as of December 31, 2011.

Net investment income as shown in the accompanying statement of changes in net assets available for benefits was \$ 48,673 for the year ended December 31, 2011.

The fair value of individual investments that represent 5 percent or more of the Plan's net assets as of December 31, 2011 are as follows:

	2011
American Funds Europacific	\$ 178,367
American Funds Growth	328,888
Oppenheimer International Bond	222, 683
Pimco Total Return – Inst	495,956
Putnam Equity Income Y	344,594
Putnam Stable Value Fund	712,232

December 31, 2011

Note 3. Investments - (Continued)

Investment income is comprised of the following for the year ended December 31, 2011.

Interest and Dividends	\$ 24,958
Net Appreciation in fair value of:	
Mutual Funds	22,341
Common/Collective Trust	1,374
Total Investment Income	\$ 48,673

The Plan's independent auditors did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4. Plan Transfers

On September 1, 2011, the Plan was started when Equinox Payments, LLC joined the Plan. The entire amount of \$57,055 transferred in to the Plan during the period September 1, 2011 through December 31, 2011 is related to loans transferred into the Plan by Equinox Payments, LLC.

Note 5. Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of the Employee Retirement Security Act of 1974. Upon termination, participants may elect to receive a lump-sum amount equal to the vested value of his or her account. Terminated employees' contributions, as well as vested employer contributions, are available for distribution as soon as is administratively possible after the receipt of the distribution request.

Note 6. Tax Status

The Plan is in the process of filing a determination letter with the IRS. The Plan is required to operate in accordance with the IRC to maintain its tax qualification; however, the Plan administrator is not aware of any course of action or series of events which might adversely affect the Plan's qualified status.

Note 7. Risks and Uncertainties

The Plan provides for employee ownership of various securities including U.S. Government securities, corporate debt instruments, and corporate stocks. Investment securities in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available.

Note 8. Reconciliation of Financial Statements to Form 5500

The differences between the amounts reflected in the financial statements and the amounts reported on the Form 5500 as of December 31, 2011, are shown below:

	2011
Net assets available for benefits per financial statement	\$ 3,195,277
Employee contributions receivable	(3,015)
Employer contributions receivable	(159)
Net assets available for benefits per the Form 5500	\$ 3,192,103

See independent accountants' audit report.

December 31, 2011

Note 8. Reconciliation of Financial Statements to Form 5500 – (Continued)

The following is a reconciliation of net increase (decrease) in assets available for benefits per the financial statements for the year ended December 31, 2011 to the Form 5500.

	2011
Net increase in assets available for benefits per the financial statements	\$ 3,195,277
Net plan transfers	(57,055)
Employee contributions receivable	(3,015)
Employer contributions receivable	(159)
Net increase in assets available for Benefits per the Form 5500	<u>\$ 3,135,048</u>

Plan transfers are recorded separately from the net change in assets available for benefit on Schedule H of Form 5500. Contribution receivables are not recorded on Schedule H of Form 5500 for contributions that have been processed prior to December 31 but not yet received by the Plan.

Note 9. Fair Value Measurements

The Plan adopted the ASC Topic 820 for Fair Value Measurement Disclosures. ASC Topic 820 establishes a 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 ASC Topic 820 are described below:

- Level 1 includes observable inputs which reflect quoted prices for identical assets or liabilities in active markets at the measurement date.
- Level 2 includes observable inputs for assets or liabilities other than quoted prices included in Level 1 and it includes valuation techniques which use prices for similar assets and liabilities.
- Level 3 includes unobservable inputs which reflect the reporting entity's estimates of the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk.

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

The following is a description of the valuation methods used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2011.

- *Mutual funds*: Valued at the net asset value ("NAV") of shares held by the plan
- *Common Collective trust*: Value determined by the fund trustee based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.
- *Participant loans*: Valued at their outstanding balances, which approximates fair value.

THE GORES GROUP 401(K) PLAN II
NOTES TO FINANCIAL STATEMENTS

December 31, 2011

Note 9. Fair Value Measurements - (Continued)

The methods described above may produce a fair value calculation that may not be 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

Assets at Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Large-cap	\$ 1,313,917	\$ -	\$ -	\$ 1,313,917
Mid-cap	366,427	-	-	366,427
Small-cap	228,372	-	-	228,372
Global	488,769	-	-	488,769
Common Collective Trusts				
Stable Value Fund (a)	-	712,232	-	712,232
S&P Index Fund (b)	-	15,678	-	15,678
Participant Loans	-	-	66,708	66,708
Total assets at fair value	<u>\$ 2,397,485</u>	<u>\$ 727,910</u>	<u>\$ 66,708</u>	<u>\$ 3,192,103</u>

(a) The investment strategy of this fund is to protect principal and provide investors with the potential to achieve results higher than other conservative investments such as money market funds.

(b) The investment strategy of this fund is to achieve a return that closely approximates the return of the Standard & Poor's 500 Composite Stock Price Index.

Changes in the fair value of the Plan's Level 3 investments during the year ended December 31, 2010 were as follows:

	2010
Balance, beginning of year	\$ 0
Transfer of Assets	57,055
Purchases, sales, issuances, and settlements (net)	9,653
Balance, end of years	<u>\$ 66,708</u>

Note 10. Subsequent Events

The Company has evaluated subsequent events through October 9, 2012, the date on which the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

THE GORES GROUP 401(K) PLAN II

FORM 5500, SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2011

Employer Identification Number: 45-2489418

Plan Number: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral/Par, or Maturity Value	(d) Current Value
	Mutual Funds		
	American Funds Europacific	Mutual Fund	\$ 178,367
	American Funds Growth	Mutual Fund	328,888
	Cohen & Steers Realty	Mutual Fund	1,692
	Columbia Mid Cap Index Fund Z	Mutual Fund	20,632
	CRM Mid Cap Index Fund	Mutual Fund	136,107
	Davis New York Venture Fund	Mutual Fund	30,193
	Fidelity Advisor Strategic	Mutual Fund	113,787
	George Putnam Balanced Y	Mutual Fund	499
	Invesco Real Estate Fund Inst	Mutual Fund	17,697
	Invesco Van Kampen Small Cap G	Mutual Fund	118,153
	Oppenheimer Developing Markets	Mutual Fund	86,093
	Oppenheimer Global Y	Mutual Fund	1,626
	Oppenheimer International Bond	Mutual Fund	222,683
	Pimco Total Return - Inst	Mutual Fund	495,956
	Pioneer High Yield Y	Mutual Fund	53,636
	Putnam Equity Income Y	Mutual Fund	344,594
	Putnam Money Market Fund A	Mutual Fund	0
	Royce Total Return Funds Invs	Mutual Fund	110,219
	Waddell & Reed New Concepts Y	Mutual Fund	136,663
	Total Mutual Funds		2,397,485
	Common/Collective Trust		
	Putnam Stable Value Fund	Common/Collective Trust	712,232
	S&P 500	Common/Collective Trust	15,678
	Total Common Collective Trust		727,910
	* Loan Fund	Promissory Notes From Participants (Interest rates range from 4.25 to 10.25%)	66,708
	Total Investments at Fair Value		\$ 3,192,103

* Party-in-interest

See independent accountants' audit report.

ASSETS HELD FOR INVESTMENT PURPOSES

The Gores Group, LLC - 401(k) Plan II
01-OCT-11 to 31-DEC-11

21-JAN-12 03:37:23

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IREREX			177,379.08	178,367.14
IODVYX			84,874.36	86,092.93
IOGLYX			1,606.33	1,625.87
ICRSRX			1,680.30	1,691.85
IIARIX			17,086.19	17,697.45
IVISCX			116,081.61	118,153.41
IRYTRX			107,611.67	110,218.93
INMPAX			20,153.74	20,631.52
ICRIMX			132,421.90	136,107.18
IUNEYX			136,197.45	136,663.11
IPEIYX			335,788.34	344,593.66
IPTYSP5			15,193.83	15,677.77
IRGAEX			323,556.10	328,887.99
IDNVYX			29,624.09	30,193.00
IPGEYX			489.79	498.90
IFSRIX			116,193.58	113,786.65
IOIBYX			225,016.97	222,683.12
IPTRRX			496,680.25	495,956.46
ITYHYX			53,130.52	53,635.98
IPCSV35			712,231.77	712,231.77
IPDDXX			0.27	0.27
			3,102,998.14	3,125,394.96
PARTICIPANT LOANS	VARIOUS	4.250-9.250	66,012.34	66,708.11

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 45-2489418

LEGEND

INVESTMENT OPTION:

IREREX American Funds EuroPacific Growth Fd R4
IOGLYX Oppenheimer Global Y
IIARIX INVESCO Real Estate Fund Inst
IRYTRX Royce Total Return Fund Inv
ICRIMX CRM Mid Cap Value Inst
IPEIYX Putnam Equity Income Y
IRGAEX American Funds Growth Fund of America R4
IPGEYX George Putnam Balanced Y
IOIBYX Oppenheimer International Bond Y
ITYHYX Pioneer High Yield Y
IPDDXX Putnam Money Market Fund - A

IODVYX Oppenheimer Developing Markets Y
ICRSRX Cohen & Steers Realty Shares
IVISCX Invesco Van Kampen Small Cap Growth Y
INMPAX Columbia Mid Cap Index Fund Z
IUNEYX Waddell & Reed New Concepts Y
IPTYSP5 Putnam S & P 500 Index Fund Y
IDNVYX Davis New York Venture Fund - Y
IFSRIX Fidelity Advisor Strategic Income I
IPTRRX PIMCO Total Return - Inst.
IPCSV35 Putnam Stable Value Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year