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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                         | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC. PENSION PLAN</u>                                                                                                                                                        | <b>1b</b> Three-digit plan number (PN) ► <u>005</u><br><b>1c</b> Effective date of plan <u>08/11/2006</u>                                                                                         |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>ACUMENT GLOBAL TECHNOLOGIES, INC.</u><br><br><u>6125 18 MILE ROAD</u><br><u>STERLING HEIGHTS, MI 48314</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>20-5110172</u><br><b>2c</b> Sponsor's telephone number<br><u>586-997-5600</u><br><b>2d</b> Business code (see instructions)<br><u>332700</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.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/15/2012</u> | <u>SHELLEY WAGNER</u>                                        |
|                  | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of DFE                                         | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|                                                                                                                                                                                     |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ACUMENT GLOBAL TECHNOLOGIES, INC.<br><br>6125 18 MILE ROAD<br>STERLING HEIGHTS, MI 48314 | <b>3b</b> Administrator's EIN<br>20-5110172<br><br><b>3c</b> Administrator's telephone number<br>586-997-5600 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 7179 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 813  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 2061 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 3957 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 6831 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 264  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 7095 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0    |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

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

1A 1G 1I

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input checked="" type="checkbox"/> Insurance                       | <b>(1)</b> <input checked="" type="checkbox"/> Insurance                       |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> 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)** ☒ 1 **A** (Insurance Information)  
**(4)** ☒ **C** (Service Provider Information)  
**(5)** ☒ **D** (DFE/Participating Plan Information)  
**(6)** ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>2011</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

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

|                                                                                                           |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>ACUMENT GLOBAL TECHNOLOGIES, INC. PENSION PLAN</b>                            | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>005</b> |
|                                                                                                           |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ACUMENT GLOBAL TECHNOLOGIES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-5110172</b> |            |

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

**1** Coverage Information:

**(a)** Name of insurance carrier  
**PRINCIPAL 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     |
| 42-0127290 | 61271         | 434539                                | 0                                                                           | 01/01/2011              | 01/04/2011 |

**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.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

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

---

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

**Part II Investment and Annuity Contract Information**

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

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

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

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

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC. PENSION PLAN</u>                                                            | <b>B</b> Three-digit plan number (PN) ▶ <u>005</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC.</u>                      | <b>D</b> Employer Identification Number (EIN)<br><u>20-5110172</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                                  |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                         |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                                         |
| <b>2</b>      | Assets:                                                                                                                                                                                                          |
| <b>a</b>      | Market value ..... <b>2a</b> <u>207762567</u>                                                                                                                                                                    |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>207762567</u>                                                                                                                                                                 |
| <b>3</b>      | Funding target/participant count breakdown:                                                                                                                                                                      |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                                    |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>2467</u> <u>124608449</u>                                                                                                        |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>4855</u> <u>85158254</u>                                                                                                                                   |
| <b>c</b>      | For active participants:                                                                                                                                                                                         |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>1492101</u>                                                                                                                                                            |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>21605702</u>                                                                                                                                                               |
| (3)           | Total active ..... <b>3c(3)</b> <u>23097803</u>                                                                                                                                                                  |
| <b>d</b>      | Total ..... <b>3d</b> <u>7322</u> <u>232864506</u>                                                                                                                                                               |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                                       |
| <b>b</b>      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.32 %</u>                                                                                                                                                             |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>500000</u>                                                                                                                                                                  |

**Statement by Enrolled Actuary**

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

|                                                                                                          |                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                         | <u>10/03/2012</u>                                    |
| Signature of actuary<br><u>JENNIFER A. JAMES, A.S.A., M.A.A.A.</u>                                       | Date<br><u>11-05902</u>                              |
| Type or print name of actuary<br><u>PRICEWATERHOUSECOOPERS LLP</u>                                       | Most recent enrollment number<br><u>617-530-4608</u> |
| Firm name<br><u>125 HIGH STREET</u><br><u>PRICEWATERHOUSECOOPERS LLP</u><br><u>BOSTON, MA 02110-1707</u> | Telephone number (including area code)               |
| Address of the firm                                                                                      |                                                      |

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

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

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II</b> |                                                                                                                          | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 0                                                          |                        |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 0                                                          |                        |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                             | 0                                                          | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>16.50</u> % .....                                              | 0                                                          | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                    |                                                            | 0                      |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.70</u> % except as otherwise provided (see instructions) ..... |                                                            | 0                      |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance.....                                      |                                                            | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance.....                                                                    |                                                            |                        |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                  |                                                            |                        |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                        | 0                                                          | 0                      |

| <b>Part III</b> |                                                                                                                                                                 | <b>Funding percentages</b> |         |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage.....                                                                                                                       | <b>14</b>                  | 89.22 % |
| <b>15</b>       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b>                  | 89.22 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b>                  | 94.17 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |         |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|---------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |         |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               |         |
| 04/15/2011                                                                               | 291888                            |                                               |         |
| 07/15/2011                                                                               | 291888                            |                                               |         |
| 10/14/2011                                                                               | 291888                            |                                               |         |
| 01/13/2012                                                                               | 291888                            |                                               |         |
| 09/14/2012                                                                               | 3980001                           |                                               |         |
|                                                                                          |                                   |                                               |         |
| <b>Totals ►</b>                                                                          |                                   | <b>18(b)</b>                                  | 5147553 |
|                                                                                          |                                   | <b>18(c)</b>                                  | 0       |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b>                                                          |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 4706092                                                  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.78% | 2nd segment:<br>6.31% | 3rd segment:<br>6.57 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

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

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                          |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|--|---------------------|-------------|-------------------------------------------------------|----------|---------|------------------------------------------------|---|---|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                          |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                               | 500000             |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                                                                               | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <tr> <td></td> <td>Outstanding Balance</td> <td>Installment</td> </tr> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>25101939</td> <td>4206092</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </table> |                    |               |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 25101939 | 4206092 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                      | Installment        |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 25101939                                                                                                                                                                                                                                                                                                 | 4206092            |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                        | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>                                                                                                                                                                                                                                                                                                |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>                                                                                                                                                                                                                                                                                                | 4706092            |               |  |                     |             |                                                       |          |         |                                                |   |   |
|                                                                                                                                                                                      | Carryover balance                                                                                                                                                                                                                                                                                        | Prefunding balance | Total balance |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                                                                                                                                                                                                                                                                                                          |                    | 0             |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                | 4706092            |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>                                                                                                                                                                                                                                                                                                | 4706092            |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                          |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                               | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                               | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>                                                                                                                                                                                                                                                                                                | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

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

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

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC. PENSION PLAN</u>                            | <b>B</b> Three-digit plan number (PN) ▶ <u>005</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-5110172</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

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

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

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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)

PAUL, HASTINGS, JANOFKY

95-2209675

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | LEGAL                                                                                             | 765983                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MORGAN STANLEY SMITH BARNEY

26-4310632

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT CONSULTING                                                                             | 622607                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | PLAN ADMINISTRATOR                                                                                | 419950                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

PWC

13-4008326

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARIAL                                                                                         | 119175                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLACKROCK FINANCIAL MANAGEMENT

13-3806691

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 56269                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MARSHALL-ILSLEY

39-0698093

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | TRUSTEE                                                                                           | 54537                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

ALLIANCE-BERNSTEIN

52-2356781

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 31065                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE CLIFTON GROUP

41-0995965

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MANAGEMENT                                                                             | 28367                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | TRUSTEE                                                                                           | 27961                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

ERNST & YOUNG

34-6565596

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | ACCOUNTING                                                                                               | 21000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

NAVIGANT CONSULTING

36-4094854

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 17                            | CONSULTING                                                                                               | 10803                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2011</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                             |                                                                                               |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| <b>A</b> Name of plan<br><span style="color: blue;">ACUMENT GLOBAL TECHNOLOGIES, INC. PENSION PLAN</span>                                   | <b>B</b> Three-digit plan number (PN) ▶                                                       | <span style="color: blue;">005</span> |
|                                                                                                                                             |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">ACUMENT GLOBAL TECHNOLOGIES, INC.</span> | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">20-5110172</span> |                                       |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT-R6

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

|                                                                  |                                                          |                                                                                                                                         |
|------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <span style="color: blue;">42-0127290-024</span> | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span> |
|------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                        |            |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>  |                                                                        |            |
| <b>A</b> Name of plan<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC. PENSION PLAN</u>                            | <b>B</b> Three-digit plan number (PN) ►                                | <u>005</u> |
|                                                                                                           |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>20-5110172</u> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 2551000               | 2192000         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 1303982               | 4271889         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 247345                | 870980          |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 35099215              | 22367712        |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 9689637               | 8576704         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 61088276              | 34525694        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 39798019        |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 24847                 | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 57625290              | 94859417        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 11804110              | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 179433702             | 207462415       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |        |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 754438 | 212938 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 754438 | 212938 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 178679264 | 207249477 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5147553    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 28634382   |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 33781935  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 2493       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 137611     |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 1446118    |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 563612     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2149834   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 1747       |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 686168     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 4847108    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 5535023   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 105884141  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 105005804  |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 878337    |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 1984765   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 156802    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 44486696  |

**Expenses**

|                                                                                            |              |          |          |
|--------------------------------------------------------------------------------------------|--------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 13000662 |          |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |          |          |
| (3) Other .....                                                                            | <b>2e(3)</b> |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |          | 13000662 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |          |          |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |          |          |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 397998   |          |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |          |          |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 171185   |          |
| (4) Other .....                                                                            | <b>2i(4)</b> | 2346638  |          |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |          | 2915821  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |          | 15916483 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 28570213 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |         |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC. PENSION PLAN</u>                            | <b>B</b> Three-digit plan number (PN) ▶<br><u>005</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-5110172</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-2647786</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

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

|                                                                                                                                                                                                                                                                                                                                                             |                                         |                                        |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                                         |                                        |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                                         |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                               |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                               |                                        |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                               |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                                         |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: 39.8% Real Estate: \_\_\_\_\_% Other: 60.2%

- 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):



FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

Acument Global Technologies, Inc. Pension Plan  
Years Ended December 31, 2011 and 2010  
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

Acument Global Technologies, Inc. Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2011 and 2010

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## Report of Independent Auditors

The Investment Committee  
Acument Global Technologies, Inc. Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Acument Global Technologies, Inc. Pension Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2010, the statement of changes in accumulated plan benefits for the year ended December 31, 2010, and the supplemental schedules of assets (held at end of year) as of December 31, 2011, and reportable transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 6, which was certified by State Street Bank and Trust Company and M&I Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that M&I Trust Company held the Plan's investment assets and executed investment transactions from February 1, 2011 to December 31, 2011, and State Street Bank and Trust Company and M&I Trust Company held the Plan's assets and executed investment transactions as of December 31, 2010, and for the period from January 1, 2011 to January 31, 2011. The plan administrator has obtained a certification from the trustees as of December 31, 2011 and 2010, and for the years then ended, that the information provided to the plan administrator by the trustees 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 these accompanying financial statements and supplemental schedules as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

*Ernst & Young LLP*

October 12, 2012

# Acument Global Technologies, Inc. Pension Plan

## Statements of Net Assets Available for Benefits

|                                          | <b>December 31</b> |                |
|------------------------------------------|--------------------|----------------|
|                                          | <b>2011</b>        | <b>2010</b>    |
| <b>Assets</b>                            |                    |                |
| Cash                                     | \$ 2,192,000       | \$ 2,551,000   |
| Investments:                             |                    |                |
| Money market funds                       | 22,367,712         | 35,124,062     |
| U.S. government and municipal securities | 8,576,704          | 21,493,747     |
| Corporate equity                         | 39,798,019         | 46,492,794     |
| Corporate bonds                          | 28,190,206         | 6,613,800      |
| International bonds                      | 6,335,488          | 7,981,682      |
| Registered investment companies          | 94,859,417         | 57,625,290     |
| Total investments                        | 200,127,546        | 175,331,375    |
| Receivables:                             |                    |                |
| Employer contribution receivable         | 4,271,889          | 1,303,982      |
| Interest receivable                      | 870,980            | 247,345        |
|                                          | 5,142,869          | 1,551,327      |
| Total assets                             | 207,462,415        | 179,433,702    |
| <b>Liabilities</b>                       |                    |                |
| Administrative expenses payable          | 212,938            | 754,438        |
| Net assets available for benefits        | \$ 207,249,477     | \$ 178,679,264 |

*See accompanying notes.*

# Acument Global Technologies, Inc. Pension Plan

## Statements of Changes in Net Assets Available for Benefits

|                                               | <b>Year Ended December 31</b> |                       |
|-----------------------------------------------|-------------------------------|-----------------------|
|                                               | <b>2011</b>                   | <b>2010</b>           |
| <b>Additions</b>                              |                               |                       |
| Employer contribution                         | \$ 5,147,553                  | \$ 1,303,982          |
| Investment recovery                           | 28,634,382                    | 9,690,249             |
| Investment income:                            |                               |                       |
| Interest and dividends                        | 7,685,631                     | 5,398,820             |
| Net appreciation in fair value of investments | 2,862,328                     | 12,449,493            |
| Other income                                  | 156,802                       | 136,478               |
| Total additions                               | 44,486,696                    | 28,979,022            |
| <b>Deductions</b>                             |                               |                       |
| Benefits paid                                 | 13,000,662                    | 12,830,145            |
| Administrative expenses                       | 2,915,821                     | 3,260,737             |
| Total deductions                              | 15,916,483                    | 16,090,882            |
| Net increase                                  | 28,570,213                    | 12,888,140            |
| Net assets available for benefits:            |                               |                       |
| Beginning of year                             | 178,679,264                   | 165,791,124           |
| End of year                                   | <u>\$ 207,249,477</u>         | <u>\$ 178,679,264</u> |

*See accompanying notes.*

Acument Global Technologies, Inc. Pension Plan

Statement of Accumulated Plan Benefits

December 31, 2010

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 107,723,213

Other participants

82,783,927

Total vested benefits

190,507,140

Nonvested benefits

1,267,480

Total actuarial present value of accumulated plan benefits

\$ 191,774,620

*See accompanying notes.*

Acument Global Technologies, Inc. Pension Plan  
Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2010

|                                                                           |                              |
|---------------------------------------------------------------------------|------------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 164,983,009               |
| Increase (decrease) during the year attributed to:                        |                              |
| Change in actuarial assumptions                                           | 21,603,936                   |
| Benefits accumulated                                                      | 4,529,579                    |
| Increase for interest due to the decrease in the discount period          | 13,488,241                   |
| Benefits paid                                                             | <u>(12,830,145)</u>          |
| Net increase                                                              | <u>26,791,611</u>            |
| Actuarial present value of accumulated plan benefits at end of year       | <u><u>\$ 191,774,620</u></u> |

*See accompanying notes.*

# Acument Global Technologies, Inc. Pension Plan

## Notes to Financial Statements

December 31, 2011 and 2010

### **1. Description of Plan**

The following description of the Acument Global Technologies, Inc. Pension Plan (the Plan) provides general information about the Plan's provisions. Acument Global Technologies, Inc. (the Company) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

#### **General**

The Plan is a non-contributory, defined-benefit plan that covers all eligible domestic salaried employees and certain hourly non-bargained and bargained employees of the Company and its wholly owned participating subsidiaries, as defined in the plan document. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Employer Pension Plan Committee (the Committee) is responsible for the general administration of the Plan. M&I Trust Company (M&I) is the trustee of the Plan as of December 31, 2011. During 2010, the Plan sponsor made the decision to change the Plan's trustee from State Street Bank and Trust Company (State Street) to M&I. The transfer of assets from State Street to M&I commenced in December 2010 and was completed by January 31, 2011. As such, as of December 31, 2010, State Street and M&I were both trustees of the Plan.

#### **Eligibility and Vesting**

An eligible employee becomes a participant in the Plan after having completed a minimum of 1,000 hours in the first 12 months of employment for any calendar year. Participants of the plan sponsor who were covered under the former Textron Master Retirement Plan were transferred into the Plan on August 11, 2006. Effective August 11, 2006, all of the Company's employees were eligible to participate in the Plan.

#### **Plan Amendments**

On July 31, 2008, the plan sponsor froze the Plan to new participants and froze benefits for all participants of the Plan.

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **1. Description of Plan (continued)**

##### **Benefits**

Employees with five or more years of service or employed by the Company at or after age 60 are entitled to annual pension benefits beginning at the normal retirement age of 65. For salaried employees, the benefits are equal to 1.5% of the individual's compensation base in excess of covered compensation, multiplied by credited service years plus 1% of compensation base up to covered compensation, multiplied by credited service years. For hourly employees, these benefits are equal to their years of credited service multiplied by the appropriate multiplier rate for the year that individual was terminated by the Company. The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a single life or joint and survivor annuity. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits unless their pension benefit was vested upon the plan freeze on October 1, 2007.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive a disability benefit of \$20 per month (\$30 per month for employees who became disabled after January 5, 2000) for each year of credited service, up to a maximum of 25 years. For employees covered by certain addendums in the Plan, disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

##### **Funding**

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2011 and 2010.

# Acument Global Technologies, Inc. Pension Plan

## Notes to Financial Statements (continued)

### **1. Description of Plan (continued)**

#### **Plan Termination**

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in order of priority, as prescribed by ERISA and its related regulations and the plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

### **2. Summary of Significant Accounting Policies**

#### **Basis of Accounting**

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

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **Contributions Receivable**

Contributions receivable at December 31, 2011 and 2010, represent the amounts due from the Company for the Plan to meet the minimum funding requirements under ERISA.

#### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

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

The Plan's investments are stated at fair value. Fair value is defined as 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 (an exit price). See Note 5 for further discussion and disclosures related to fair value measurements.

In accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1—Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.

Level 2—Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3—Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

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

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

##### **New Accounting Pronouncements**

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The requirement to present changes in Level 3 measurements on a gross basis is effective for reporting periods beginning after December 15, 2010. Since ASU 2010-06 affects only fair value measurement disclosures, adoption of ASU 2010-06 did not have an effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended ASC 820 to converge the fair value measurement guidance in U.S. GAAP and international financial reporting standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures (although certain of these new disclosures will not be required for nonpublic entities). The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

##### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits are based on the cash balance accounts or the transition benefits for certain employees. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

##### **Subsequent Events**

Management evaluated subsequent events for the Plan through October 12, 2012, the date the financial statements were available to be issued.

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 3. Accumulated Plan Benefits

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial valuation are as follows:

|                                       |                                                                                                                                                              |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of return on investments | 7.6% and 8.5% (in 2011 and 2010, respectively), after a reduction of 1.48% to reflect anticipated administrative expenses associated with providing benefits |
| Retirement age                        | 65                                                                                                                                                           |
| Mortality basis                       | RP 2000 table for blue collar workers, projected to 2010                                                                                                     |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

#### 4. Westridge Capital Management Fund Investment

Through January 2009, the Plan had \$56.5 million invested in the Westridge Capital Management Fund. On February 25, 2009, the Securities and Exchange Commission (SEC) took legal action against the fund managers of Westridge Capital Management and obtained a court order to freeze the assets of the fund, as the fund managers were placed under investigation for misappropriation of funds in a complex investment scheme involving affiliated entities owned by the fund managers. After this action the Plan sponsor wrote off the Plan's investment in this fund. On May 27, 2009, the court-appointed receiver in the legal action filed a preliminary report indicating that a substantial amount of assets had been recovered and were under the receiver's control.

The Plan recovered \$28.6 million and \$9.7 million of its Westridge Investment in April 2011 and December 2010, respectively. Amounts recovered are presented in the investment recovery line in the statement of changes in net assets available for benefits.

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 5. Fair Value Measurements

Fair value is defined under ASC 820 as 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 (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1—Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2—Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3—Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

# Acument Global Technologies, Inc. Pension Plan

## Notes to Financial Statements (continued)

### 5. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

| Assets at Fair Value as of December 31, 2011 |                |               |         |                |
|----------------------------------------------|----------------|---------------|---------|----------------|
|                                              | Level 1        | Level 2       | Level 3 | Total          |
| Money market funds                           | \$ 22,367,712  | \$ —          | \$ —    | \$ 22,367,712  |
| U.S. government and municipal securities     | —              | 8,576,704     | —       | 8,576,704      |
| Corporate equity                             | 39,798,019     | —             | —       | 39,798,019     |
| Corporate bonds                              | —              | 28,190,206    | —       | 28,190,206     |
| International bonds                          | —              | 6,335,488     | —       | 6,335,488      |
| Registered investment companies              | 94,859,417     | —             | —       | 94,859,417     |
| Total assets at fair value                   | \$ 157,025,148 | \$ 43,102,398 | \$ —    | \$ 200,127,546 |

| Assets at Fair Value as of December 31, 2010 |                |               |         |                |
|----------------------------------------------|----------------|---------------|---------|----------------|
|                                              | Level 1        | Level 2       | Level 3 | Total          |
| Money market funds                           | \$ 35,124,062  | \$ —          | \$ —    | \$ 35,124,062  |
| U.S. government and municipal securities     | —              | 21,493,747    | —       | 21,493,747     |
| Equity funds                                 | 46,492,794     | —             | —       | 46,492,794     |
| Corporate bonds                              | —              | 6,613,800     | —       | 6,613,800      |
| International bonds                          | —              | 7,981,682     | —       | 7,981,682      |
| Registered investment companies              | 57,625,290     | —             | —       | 57,625,290     |
| Total assets at fair value                   | \$ 139,242,146 | \$ 36,089,229 | \$ —    | \$ 175,331,375 |

The following is a description of the valuation techniques and inputs used for each major class of assets and liabilities measured at fair value.

*Money market and equity funds:* Classified within level 1 of the fair value hierarchy. Valued based on shares held by the Plan at year-end with quoted prices in active markets, total fair value is either the price of the most recent trade at the time of the market close or the official close price, as defined by the exchange on which the asset is most actively traded on the last trading day of the period, multiplied by the number of units held without consideration of transaction costs.

# Acument Global Technologies, Inc. Pension Plan

## Notes to Financial Statements (continued)

### 5. Fair Value Measurements (continued)

*U.S. government and municipal securities, international bonds, and corporate bonds:* Classified within Level 2 of the fair value hierarchy, where the security is frequently traded in less active markets, fair value is based on the closing price at the end of the period; where the security is less frequently traded, fair value is based on the price a dealer would pay for the security or similar securities, adjusted for any terms specific to that asset or liability. Market inputs are obtained from well-established and recognized vendors of market data and subjected to tolerance/quality checks.

*Registered investment companies:* Some pension plan assets are held in funds where a net asset value is calculated based on the fair value of the underlying assets and the number of shares owned based on quoted market prices. The classification of the fund is determined based on the classification for the significant holdings within the fund.

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.

### Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

|                                                                           | <b>Year Ended December 31</b> |               |
|---------------------------------------------------------------------------|-------------------------------|---------------|
|                                                                           | <b>2011</b>                   | <b>2010</b>   |
| Balance, beginning of year                                                | \$ —                          | \$ 10,627,394 |
| Realized gains                                                            | —                             | —             |
| Unrealized gains relating to instruments still held at the reporting date | —                             | —             |
| Purchases, sales, issuances and settlements (net)                         | —                             | (10,627,394)  |
| Balance, end of year                                                      | <u>\$ —</u>                   | <u>\$ —</u>   |

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 6. Investments

All investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2011 and 2010, and net appreciation (depreciation) in fair value of investments, interest, and dividends for the years ended December 31, 2011 and 2010, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by M&I Trust Company, trustee of the Plan from February 1, 2011 to December 31, 2011, and State Street Bank and Trust Company and M&I Trust Company, trustees of the Plan, as of December 31, 2010, and for the period from January 1, 2011 to January 31, 2011.

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

|                                                     | <b>December 31</b>   |              |
|-----------------------------------------------------|----------------------|--------------|
|                                                     | <b>2011</b>          | <b>2010</b>  |
| Smity Barney Citigroup Bank Deposit Program         | <b>\$ 15,709,837</b> | \$ 9,684,417 |
| Blackrock Core Bond Portfolio Instl #332            | <b>23,764,071</b>    | —            |
| Eaton Vance High Yield Municipals Fund Class I #490 | <b>22,304,292</b>    | **           |
| TWC Total Return Bond Fund Class I #4728            | <b>12,888,349</b>    | —            |
| Templeton Global Bond Fund—Ad #616                  | <b>11,384,199</b>    | **           |
| Ivy Asset Strategy Fund Class I #473                | **                   | 8,908,597    |
| CRM Small/Mid Cap Value FD Institutional Class      | **                   | 14,485,999   |
| Government STIF 18                                  | **                   | 25,108,273   |

\*\*Asset below 5% of the Plan's net assets available for benefits.

#### 7. Investments in Derivative Financial Instruments

In the normal course of operations, the Plan's assets and liabilities may include derivative financial instruments, consisting of futures contracts. The contract or notional amounts disclosed in this footnote provide a measure of the Plan's involvement in such instruments but are not indicative of potential loss. The intent is to use derivative financial instruments as economic hedges to manage market volatility risk associated with the Plan's investment assets or the achievement investment policy objectives. The Plan's fiduciaries do not anticipate any material adverse effect on the Plan's financial position resulting from its involvement in these instruments.

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 7. Investments in Derivative Financial Instruments (continued)

The following table presents the effect of gains (losses) with respect to these derivative instruments, by type of derivative, at December 31. The gains (losses) are reflected in the statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

|                                    | <b>December 31</b>  |                     |
|------------------------------------|---------------------|---------------------|
|                                    | <b>2011</b>         | <b>2010</b>         |
| Equity index futures               | \$ 579,970          | \$ 4,786,980        |
| International equity index futures | (1,398,670)         | —                   |
|                                    | <u>\$ (818,700)</u> | <u>\$ 4,786,980</u> |

#### Futures Contracts

The Plan uses equity futures contracts primarily to achieve investment policy objectives for asset allocation. On behalf of the Plan, investment managers enter into various futures contracts in domestic equity and international equity securities. These contracts, which are considered derivatives under ASC 815, *Derivatives and Hedging*, are agreements between two parties to buy or sell a security or financial interest at a set price on a future date and are standardized and exchange-traded. Upon entering into such a contract on behalf of the Plan, the investment manager is required to pledge to the broker an amount of cash or securities equal to the minimum ‘initial margin’ requirements of the exchange on which the contract is traded. Pursuant to the contract, the investment manager agrees to receive from or pay to the broker an amount of cash equal to the daily fluctuation in the value of the contract. Such receipts or payments are known as variation margin and are recorded on a daily basis by the trustee as realized gain or loss equal to the difference in the value of the contract between daily closing prices.

# Acument Global Technologies, Inc. Pension Plan

## Notes to Financial Statements (continued)

### 7. Investments in Derivative Financial Instruments (continued)

The following table presents open futures contracts at December 31, 2011. The net fair value presented in this table includes cumulative appreciation (depreciation) of these futures contracts earned/incurred during the year. Given the daily settlement to the margin account described above, there is no payable receivable at the end of the period. All activity is reflected in the balance of the margin account.

| <b>Type of Contract</b>                | <b>Number of<br/>Contracts<br/>Buy (Sell)</b> | <b>Expiration</b> | <b>Notional</b>      | <b>Fair Value</b> |
|----------------------------------------|-----------------------------------------------|-------------------|----------------------|-------------------|
| Equity index futures:                  |                                               |                   |                      |                   |
| S&P 500 E-Mini Future                  | 92                                            | 3/16/2012         | \$ 5,761,960         | \$ —              |
| Russell 2000 Mini                      | 127                                           | 3/16/2012         | 9,382,760            | —                 |
|                                        | <u>219</u>                                    |                   | <u>\$ 15,144,720</u> | <u>\$ —</u>       |
| International equity index<br>futures: |                                               |                   |                      |                   |
| Mini MSCI Emg Mkt                      | 140                                           | 3/16/2012         | \$ 6,541,140         | \$ —              |
| Mini MSCI EAFE                         | 12                                            | 3/16/2012         | 858,502              | —                 |
|                                        | <u>142</u>                                    |                   | <u>\$ 7,399,642</u>  | <u>\$ —</u>       |

The following table presents open futures contracts at December 31, 2010:

| <b>Type of Contract</b> | <b>Number of<br/>Contracts<br/>Buy (Sell)</b> | <b>Expiration</b> | <b>Notional</b>      | <b>Fair Value</b> |
|-------------------------|-----------------------------------------------|-------------------|----------------------|-------------------|
| Equity index futures:   |                                               |                   |                      |                   |
| S&P 500 Future          | 136                                           | 3/17/2011         | \$ 27,740,506        | \$ —              |
|                         | <u>136</u>                                    |                   | <u>\$ 27,740,506</u> | <u>\$ —</u>       |

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **8. Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 15, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. Subsequent to the determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

United States GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. 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. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

#### **9. Related-Party Transactions**

Certain of the Plan's assets are invested in funds managed by the trustees of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

#### **10. Administrative Expenses**

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees, PBGC fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan.

## Acument Global Technologies, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **11. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

## Supplemental Schedules

# Acument Global Technologies, Inc. Pension Plan

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

December 31, 2011

| Identity of Issuer, Borrower<br>Lessor, or Similar Party      | Description of<br>Investment | Cost          | Current<br>Value |
|---------------------------------------------------------------|------------------------------|---------------|------------------|
| <b>Cash</b>                                                   |                              | \$ 2,192,000  | \$ 2,192,000     |
| <b>Money market munds</b>                                     |                              |               |                  |
| Smith Barney Citigroup Bank Deposits Program                  | Cash Equivalent              | \$ 15,712,795 | \$ 15,712,795    |
| Dreyfus Liquid Assets Inc - Cl 2                              | Cash Equivalent              | 377,383       | 377,383          |
| Dreyfus Liquid Assets Inc - Cl 2                              | Cash Equivalent              | 267,670       | 267,670          |
| Dreyfus Liquid Assets Inc - Cl 2                              | Cash Equivalent              | 246,057       | 246,057          |
| Dreyfus Liquid Assets Inc - Cl 2                              | Cash Equivalent              | 225,109       | 225,109          |
| Dreyfus Liquid Assets Inc - Cl 2                              | Cash Equivalent              | 223,659       | 223,659          |
| Dreyfus Liquid Assets Inc - Cl 2                              | Cash Equivalent              | 126,753       | 126,753          |
| Cash Held @ Morgan Stanely Smith Barney                       | Cash Equivalent              | 45,665        | 45,665           |
| Cash Held @ Morgan Stanely Smith Barney                       | Cash Equivalent              | 8,244         | 8,244            |
| Cash Held @ Morgan Stanely Smith Barney                       | Cash Equivalent              | 4,271         | 4,271            |
| Cash Held @ Morgan Stanely Smith Barney                       | Cash Equivalent              | 3,949         | 3,949            |
| Cash Held @ Morgan Stanely Smith Barney                       | Cash Equivalent              | 1,478         | 1,478            |
| BMO Prime Money Market Cl Y # 200                             | Cash Equivalent              | 3,920,724     | 3,920,724        |
| BMO Prime Money Market Cl Y # 200                             | Cash Equivalent              | 1,203,955     | 1,203,955        |
|                                                               |                              |               | 22,367,712       |
| <b>U.S. government and municipal securities</b>               |                              |               |                  |
| US Treasury Note DTD 11/15/2011                               | Treasury & Federal Agencies  | 1,806,116     | 1,820,826        |
| California ST GO Bds                                          | State and Municipal          | 913,412       | 953,722          |
| US Treasury Bond DTD 8/15/2011                                | Treasury & Federal Agencies  | 728,886       | 746,919          |
| New York N Y City Mun Wtr Fin Rev Bds 2010ee                  | State and Municipal          | 699,263       | 724,351          |
| Massachusetts ST Transn Fd Rev Rev Bds 2010a                  | State and Municipal          | 515,250       | 636,120          |
| Texas ST Gobds 2009a                                          | State and Municipal          | 611,679       | 619,706          |
| New Jersey ST Tpk Auth Rev Bds 2009 F                         | State and Municipal          | 456,156       | 573,592          |
| East Bay Calif mun Util Dist w Rev Bds 2010b                  | State and Municipal          | 379,229       | 431,225          |
| Illinois St Taxable Pension                                   | State and Municipal          | 356,871       | 358,518          |
| Chicago Ill Trans Auth Sales & Rev Bds 2008b                  | State and Municipal          | 308,616       | 320,950          |
| San Diego Cnty Calif Regl Tran Sales Tax Rev Bds 2010a        | State and Municipal          | 197,175       | 257,738          |
| Washington ST Motor Vehicle Fuel Tax G 2010f                  | State and Municipal          | 241,450       | 252,112          |
| Chicago Ill Brd Ed GO Bds 2010c                               | State and Municipal          | 225,849       | 237,913          |
| New York N Y City Mun Wtr Fin Wtr and Swr Sys Rev Bds 2010 G  | State and Municipal          | 179,963       | 186,122          |
| New York N Y City Transitional Future Tax Secred Subor 2010 B | State and Municipal          | 145,412       | 174,068          |
| California ST GO Bds                                          | State and Municipal          | 161,472       | 165,540          |
| US Treasury Bond DTD 8/15/2011                                | Treasury & Federal Agencies  | 111,663       | 117,282          |
|                                                               |                              |               | 8,576,704        |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party | Description of<br>Investment | Cost       | Current<br>Value |
|----------------------------------------------------------|------------------------------|------------|------------------|
| <b>Corporate equity</b>                                  |                              |            |                  |
| Simon Pty Group Inc New Com                              | Common Stocks                | \$ 825,845 | \$ 984,199       |
| Apple Inc Com                                            | Common Stocks                | 647,648    | 729,810          |
| Public Storage Com                                       | Common Stocks                | 412,145    | 500,326          |
| Equity Residential Com                                   | Common Stocks                | 437,887    | 458,236          |
| Boston Pptys Inc Com                                     | Common Stocks                | 432,333    | 449,893          |
| Apple Inc Com                                            | Common Stocks                | 397,966    | 447,930          |
| Google Inc Cl A                                          | Common Stocks                | 400,417    | 440,504          |
| Avalonbay Cmnty Inc Com                                  | Common Stocks                | 310,417    | 342,956          |
| Union Pac Corp Com                                       | Common Stocks                | 312,522    | 339,961          |
| Vornado Rlty Tr Com                                      | Common Stocks                | 391,496    | 337,108          |
| Digital Rlty Tr Inc Com                                  | Common Stocks                | 278,027    | 330,950          |
| Google Inc Cl A                                          | Common Stocks                | 294,402    | 322,950          |
| Visa Inc Com Cl A                                        | Common Stocks                | 241,063    | 316,164          |
| Host Hotels & Resorts Inc                                | Common Stocks                | 375,019    | 307,689          |
| HCP Inc Com                                              | Common Stocks                | 272,387    | 304,013          |
| Coca Cola Co Com                                         | Common Stocks                | 282,950    | 301,921          |
| Qualcomm Inc Com                                         | Common Stocks                | 313,418    | 294,013          |
| Unitedhealth Group Inc Com                               | Common Stocks                | 276,437    | 284,872          |
| Danaher Corp Com                                         | Common Stocks                | 304,287    | 279,512          |
| Ventas Inc Com                                           | Common Stocks                | 268,787    | 272,122          |
| Oracle Corp Com                                          | Common Stocks                | 350,656    | 269,992          |
| Pfizer Inc Com                                           | Common Stocks                | 241,752    | 266,172          |
| Wells Fargo & Co New Com                                 | Common Stocks                | 299,234    | 264,714          |
| Johnson & Johnson Com                                    | Common Stocks                | 248,833    | 261,336          |
| Apple Inc Com                                            | Common Stocks                | 204,341    | 242,190          |
| Cognizant Tech Solutions Crp Com                         | Common Stocks                | 290,659    | 242,127          |
| Chevron Corp New Com                                     | Common Stocks                | 231,354    | 237,591          |
| SL Green Rlty Corp Com                                   | Common Stocks                | 256,484    | 231,307          |
| Schlumberger LTD Com                                     | Common Stocks                | 288,472    | 221,666          |
| E M C Corp Mass Com                                      | Common Stocks                | 275,754    | 221,539          |
| Unitedhealth Group Inc Com                               | Common Stocks                | 198,494    | 221,472          |
| JPMorgan Chase & Co Com                                  | Common Stocks                | 299,259    | 215,294          |
| Schlumberger LTD Com                                     | Common Stocks                | 263,917    | 211,693          |
| FMC Technologies Inc Com                                 | Common Stocks                | 180,381    | 209,233          |
| Oracle Corp Com                                          | Common Stocks                | 270,398    | 207,765          |
| Monsanto Co New Com                                      | Common Stocks                | 211,557    | 207,267          |
| General Elec Co Com                                      | Common Stocks                | 237,133    | 206,950          |
| Prologis Inc Com                                         | Common Stocks                | 244,225    | 202,503          |
| Amercian Tower Corp Cl A                                 | Common Stocks                | 184,302    | 201,814          |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party | Description of<br>Investment | Cost       | Current<br>Value |
|----------------------------------------------------------|------------------------------|------------|------------------|
| <b>Corporate equity (continued)</b>                      |                              |            |                  |
| A T & T Inc Com                                          | Common Stocks                | \$ 188,655 | \$ 199,070       |
| Priceline Com Inc Com New                                | Common Stocks                | 206,798    | 198,777          |
| Monsanto Co New Com                                      | Common Stocks                | 199,960    | 198,298          |
| Precision Castparts Corp Com                             | Common Stocks                | 180,461    | 196,759          |
| Occidental Pete Corp Com                                 | Common Stocks                | 223,124    | 193,959          |
| Exxon Mobil Corp Com                                     | Common Stocks                | 190,834    | 191,558          |
| Lvmh Moet Hennessy Louis Vuitton ADR                     | Common Stocks                | 210,951    | 191,209          |
| Occidental Pete Corp Com                                 | Common Stocks                | 209,701    | 188,618          |
| Concho Res Inc Com                                       | Common Stocks                | 191,676    | 186,000          |
| Novartis AG Sponsored ADR                                | Common Stocks                | 179,898    | 183,973          |
| TJX Cos Inc New Com                                      | Common Stocks                | 146,145    | 182,999          |
| Union Pac Corp Com                                       | Common Stocks                | 168,167    | 180,098          |
| Microsoft Corp Com                                       | Common Stocks                | 171,541    | 180,085          |
| Apartment Invt & Mgmt Co Cl A                            | Common Stocks                | 195,436    | 179,408          |
| Reckitt Benckiser Group PLC ADR                          | Common Stocks                | 191,589    | 178,594          |
| McDonalds Corp Com                                       | Common Stocks                | 144,823    | 176,079          |
| Sap Aktiengesellschaft Sponsored ADR                     | Common Stocks                | 194,499    | 173,676          |
| Microsoft Corp Com                                       | Common Stocks                | 172,232    | 170,557          |
| Novo-Nordisk A S ADR                                     | Common Stocks                | 180,073    | 170,470          |
| Schlumberger LTD Com                                     | Common Stocks                | 219,417    | 168,452          |
| Conocophillips Com                                       | Common Stocks                | 172,974    | 165,779          |
| Teva Pharmaceutical Inds LTD ADR                         | Common Stocks                | 210,139    | 165,476          |
| United Technologies Corp Com                             | Common Stocks                | 188,782    | 165,183          |
| Las Vegas Sands Corp Com                                 | Common Stocks                | 179,492    | 164,596          |
| Hennes & Mauritz AB ADR                                  | Common Stocks                | 166,392    | 164,512          |
| Carnival Corp Paired CTF1 Com (see addl description)     | Common Stocks                | 234,681    | 164,049          |
| Oracle Corp Com                                          | Common Stocks                | 208,968    | 163,544          |
| Starbucks Corp Com                                       | Common Stocks                | 120,653    | 162,277          |
| General Growth Pptys Inc New Com                         | Common Stocks                | 161,675    | 161,961          |
| CVS Caremark Corp Com                                    | Common Stocks                | 133,976    | 161,285          |
| United Technologies Corp Com                             | Common Stocks                | 188,895    | 160,798          |
| Union Pac Corp Com                                       | Common Stocks                | 131,105    | 159,122          |
| Canon Inc ADR Repstg 5 Shs                               | Common Stocks                | 167,051    | 157,883          |
| American Express Co Com                                  | Common Stocks                | 157,393    | 157,076          |
| Federal Rlty Invt Tr Sh Ben Int New                      | Common Stocks                | 145,659    | 155,909          |
| Amazon.Com inc Com                                       | Common Stocks                | 169,938    | 154,751          |
| Deere & Co Com                                           | Common Stocks                | 194,412    | 154,700          |
| Tesco PLC-Spon ADR                                       | Common Stocks                | 161,562    | 154,430          |
| Eog Res Inc Com                                          | Common Stocks                | 163,105    | 152,789          |
| Disney Walt Com Com                                      | Common Stocks                | 162,366    | 151,313          |
| International Business Machs Corp Com                    | Common Stocks                | 136,138    | 150,782          |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party | Description of<br>Investment | Cost       | Current<br>Value |
|----------------------------------------------------------|------------------------------|------------|------------------|
| <b>Corporate equity (continued)</b>                      |                              |            |                  |
| Baidu, Inc                                               | Common Stocks                | \$ 169,382 | \$ 149,780       |
| Itau Unibanco Hldg Sa sponsored ADR Repstg 500 Pfd       | Common Stocks                | 174,677    | 148,684          |
| Mead Johnson Nutrition Co Com                            | Common Stocks                | 134,000    | 148,594          |
| Ecolab Inc Com                                           | Common Stocks                | 128,109    | 148,109          |
| Fresenius Med Care Aktiengesellschaft Spronsore ADR      | Common Stocks                | 140,257    | 147,924          |
| Assa Abloy AB ADR                                        | Common Stocks                | 162,356    | 147,908          |
| Toyota Mtr Corp Sponsored ADR                            | Common Stocks                | 206,798    | 147,139          |
| Kingfisher PLC Sponsored ADR Par 15                      | Common Stocks                | 155,817    | 146,988          |
| Canadian Natl Ry Co Com                                  | Common Stocks                | 131,172    | 146,986          |
| Bg Group PLC-Spon ADR                                    | Common Stocks                | 165,997    | 144,932          |
| Vodafone Group PLC New Sponsored ADR New                 | Common Stocks                | 150,597    | 144,074          |
| Starbucks Corp Com                                       | Common Stocks                | 119,257    | 143,873          |
| Kroger Co Com                                            | Common Stocks                | 145,445    | 142,656          |
| Nestle S A Sponsored ADR Repstg Reg Sh                   | Common Stocks                | 132,979    | 141,656          |
| Siemens A G Sponsored ADR                                | Common Stocks                | 177,559    | 139,973          |
| Reynolds Amern Inc Com                                   | Common Stocks                | 122,313    | 139,917          |
| American Elec Pwr Inc Com                                | Common Stocks                | 123,273    | 139,215          |
| Johnson & Johnson Com                                    | Common Stocks                | 139,127    | 138,439          |
| JPMorgan Chase & Co Com                                  | Common Stocks                | 140,880    | 138,087          |
| Express Scripts Inc Com                                  | Common Stocks                | 168,635    | 137,511          |
| Starwood Hotels & Resorts Worldwide Inc                  | Common Stocks                | 159,626    | 137,146          |
| Qualcomm Inc Com                                         | Common Stocks                | 141,018    | 136,805          |
| Cnooc LTD Sponsored ADR                                  | Common Stocks                | 163,984    | 136,600          |
| Simon Pty Group Inc New Com                              | Common Stocks                | 118,296    | 135,903          |
| Amgen Inc Com                                            | Common Stocks                | 111,959    | 135,483          |
| Merck & Co Inc New Com                                   | Common Stocks                | 119,087    | 134,778          |
| Procter & Gamble Co Com                                  | Common Stocks                | 130,523    | 133,954          |
| Salesforce Com Inc Com                                   | Common Stocks                | 176,151    | 133,014          |
| Shire Limited American Depositary Shares                 | Common Stocks                | 109,008    | 132,784          |
| Family Dir Stores Inc Com                                | Common Stocks                | 129,436    | 132,214          |
| Essex Pty Tr Inc Com                                     | Common Stocks                | 119,382    | 131,798          |
| Las Vegas Sands Corp Com                                 | Common Stocks                | 128,156    | 131,694          |
| Equity Lifestyle Pptys Inc Com                           | Common Stocks                | 114,832    | 131,513          |
| Citrix Sys Inc Com                                       | Common Stocks                | 160,087    | 131,459          |
| Boston Pptys Inc Com                                     | Common Stocks                | 125,899    | 130,177          |
| Metlife Inc Com                                          | Common Stocks                | 187,169    | 130,177          |
| Tyson Foods Inc Cl A                                     | Common Stocks                | 116,161    | 129,949          |
| Edwards Lifesciences Corp Com                            | Common Stocks                | 147,365    | 129,947          |
| Rockwell Automation inc Com                              | Common Stocks                | 135,506    | 129,865          |
| Health Care REIT Inc Com                                 | Common Stocks                | 117,217    | 129,727          |
| Franklin Res Inc Com                                     | Common Stocks                | 170,981    | 129,201          |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party | Description of<br>Investment | Cost       | Current<br>Value |
|----------------------------------------------------------|------------------------------|------------|------------------|
| <b>Corporate equity (continued)</b>                      |                              |            |                  |
| Travelers Cos Inc Com                                    | Common Stocks                | \$ 108,401 | \$ 129,168       |
| Ralph Lauren Corp Cl A                                   | Common Stocks                | 120,152    | 129,105          |
| Allergan Inc Com                                         | Common Stocks                | 110,764    | 128,188          |
| Komatsu LTD Spons ADR                                    | Common Stocks                | 167,712    | 125,889          |
| National Oilwell Varco inc                               | Common Stocks                | 142,036    | 124,626          |
| Avalonbay Cmnty Inc Com                                  | Common Stocks                | 115,255    | 124,201          |
| Entertainment Properties Tr Com                          | Common Stocks                | 131,844    | 123,437          |
| Accenture PLC Class A Ordinary Shares                    | Common Stocks                | 126,759    | 122,961          |
| Lauder Estee Cos Inc Cl A                                | Common Stocks                | 104,922    | 122,878          |
| Celgene Corp Com                                         | Common Stocks                | 116,614    | 122,762          |
| Unitedhealth Group Inc Com                               | Common Stocks                | 105,387    | 122,494          |
| Citrix Sys Inc Com                                       | Common Stocks                | 148,803    | 122,047          |
| Fluor Corp New Com                                       | Common Stocks                | 175,995    | 120,600          |
| Embraer S A Sp ADR Rep 4 Com                             | Common Stocks                | 153,138    | 119,165          |
| Potash Corp Sask Inc Com                                 | Common Stocks                | 166,581    | 118,804          |
| Colonial Properties Trust Sh Ben Int                     | Common Stocks                | 113,560    | 118,798          |
| Costco Whsl Corp New Com                                 | Common Stocks                | 108,840    | 118,731          |
| Fanuc Corporation                                        | Common Stocks                | 117,213    | 118,659          |
| Intercontinentalexchange Inc Com                         | Common Stocks                | 119,640    | 118,018          |
| Credit Suisse Group Sponsored ADR                        | Common Stocks                | 207,778    | 117,893          |
| Public Svc Enterprise Group Inc Com                      | Common Stocks                | 119,434    | 117,516          |
| VF Corp Com                                              | Common Stocks                | 80,030     | 114,418          |
| Starwood Hotels & Resorts Worldwide Inc                  | Common Stocks                | 145,946    | 114,408          |
| Sempra Energy Com                                        | Common Stocks                | 109,736    | 112,475          |
| Boeing Co Com                                            | Common Stocks                | 109,876    | 110,685          |
| Taubman Ctrs Inc Com                                     | Common Stocks                | 96,750     | 110,600          |
| Yum Brands Inc Com                                       | Common Stocks                | 104,453    | 110,526          |
| Lasalle Hotel Pptys Com Sh Ben Int                       | Common Stocks                | 130,288    | 110,156          |
| Dupont Fabros Technology Inc Com                         | Common Stocks                | 100,240    | 109,644          |
| Tencent Hldgs LTD ADR                                    | Common Stocks                | 135,286    | 109,439          |
| Verison Communications Inc Com                           | Common Stocks                | 99,912     | 109,327          |
| Sandisk Corp Com                                         | Common Stocks                | 111,432    | 109,197          |
| Netapp Inc Com                                           | Common Stocks                | 151,643    | 108,810          |
| Asmi Holding NV                                          | Common Stocks                | 110,151    | 108,654          |
| PPL Corp Com                                             | Common Stocks                | 99,013     | 108,413          |
| Lauder Estee Cos Inc Cl A                                | Common Stocks                | 91,572     | 108,389          |
| Bhp Billiton LTD Sponsored ADR                           | Common Stocks                | 144,499    | 107,358          |
| Verisign Inc Com                                         | Common Stocks                | 109,602    | 106,803          |
| Waters Corp Com                                          | Common Stocks                | 126,161    | 106,558          |
| Annaly Capital Mgmt Inc Com                              | Common Stocks                | 115,155    | 106,022          |
| Boeing Co Com                                            | Common Stocks                | 106,155    | 105,624          |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party     | Description of<br>Investment | Cost       | Current<br>Value |
|--------------------------------------------------------------|------------------------------|------------|------------------|
| <b>Corporate equity (continued)</b>                          |                              |            |                  |
| Borgwarner Inc Com                                           | Common Stocks                | \$ 124,534 | \$ 105,617       |
| Intuit Com                                                   | Common Stocks                | 100,549    | 105,443          |
| Borgwarner Inc Com                                           | Common Stocks                | 128,945    | 105,235          |
| Industrial & Coml Bk China ADR                               | Common Stocks                | 129,405    | 104,453          |
| Wal-Mart De Mexico S A De C V Sponsored ADR Repstg Ser V Shs | Common Stocks                | 106,130    | 104,346          |
| American Elec Pwr Inc Com                                    | Common Stocks                | 96,919     | 104,060          |
| Adidas AG                                                    | Common Stocks                | 116,082    | 102,890          |
| Intel Corp Com                                               | Common Stocks                | 98,599     | 102,384          |
| Varian Med Sys Inc Com                                       | Common Stocks                | 106,435    | 100,695          |
| Tyco International LTD Shs                                   | Common Stocks                | 102,830    | 100,333          |
| Bre Pptys Inc Cl A Maryland                                  | Common Stocks                | 95,875     | 100,304          |
| Li & Fung LTD ADR                                            | Common Stocks                | 99,274     | 100,155          |
| E M C Corp Mass Com                                          | Common Stocks                | 126,971    | 99,795           |
| Yum Brands Inc Com                                           | Common Stocks                | 87,117     | 99,432           |
| Coach Inc Com                                                | Common Stocks                | 93,991     | 99,312           |
| Mitsubishi Ufg Finl Group Inc                                | Common Stocks                | 131,137    | 99,181           |
| Publicis Groupe ADR Sponsored                                | Common Stocks                | 117,429    | 99,021           |
| Freeport-McMoran Copper & Gold Inc Cl B                      | Common Stocks                | 147,500    | 98,597           |
| Edwards Lifesciences Corp Com                                | Common Stocks                | 93,779     | 98,414           |
| JPMorgan Chase & Co Com                                      | Common Stocks                | 130,381    | 98,287           |
| O Reilly Automotive Inc New Com                              | Common Stocks                | 71,734     | 97,859           |
| Praxair Inc Com                                              | Common Stocks                | 90,357     | 97,814           |
| Express Scripts Inc Com                                      | Common Stocks                | 126,778    | 96,933           |
| Time Warner Inc Com New                                      | Common Stocks                | 98,848     | 96,566           |
| Glimcher Rlty Tr Sh Ben Int                                  | Common Stocks                | 90,126     | 95,965           |
| C H Robinson Worldwide Inc Com New                           | Common Stocks                | 104,243    | 95,948           |
| ING Groep N V Sponsored ADR                                  | Common Stocks                | 106,097    | 94,135           |
| Anadarko Pete Corp Com                                       | Common Stocks                | 96,355     | 93,886           |
| PNC Finl Svcs Group Inc Com                                  | Common Stocks                | 99,137     | 93,829           |
| Pepsico Inc Com                                              | Common Stocks                | 96,172     | 93,023           |
| General Mills Inc Com                                        | Common Stocks                | 90,889     | 92,983           |
| Kohls Corp Com                                               | Common Stocks                | 89,820     | 92,581           |
| Illinois Tool Wks Inc com                                    | Common Stocks                | 107,685    | 90,804           |
| Aon Corp Com                                                 | Common Stocks                | 91,764     | 90,371           |
| Kraft Foods Inc Cl A                                         | Common Stocks                | 75,857     | 90,224           |
| Covidien PLC Shs                                             | Common Stocks                | 103,219    | 89,930           |
| Extra Space Storage Inc Com                                  | Common Stocks                | 85,754     | 89,772           |
| Kimberly Clark Corp Com                                      | Common Stocks                | 85,943     | 89,449           |
| Bg Group PLC-Spon ADR                                        | Common Stocks                | 102,257    | 89,312           |
| Ace LTD Npv                                                  | Common Stocks                | 84,554     | 89,123           |
| TD Ameritrade Hldg Corp Com                                  | Common Stocks                | 121,344    | 88,031           |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party | Description of<br>Investment | Cost      | Current<br>Value |
|----------------------------------------------------------|------------------------------|-----------|------------------|
| <b>Corporate equity (continued)</b>                      |                              |           |                  |
| Sberbank Russia Sponsored ADR                            | Common Stocks                | \$ 96,844 | \$ 87,987        |
| Prudential Finl Inc Com                                  | Common Stocks                | 116,301   | 87,560           |
| Netflix Inc Com                                          | Common Stocks                | 116,377   | 87,513           |
| Time Warner Inc Com New                                  | Common Stocks                | 83,112    | 87,459           |
| Citigroup Inc Com New                                    | Common Stocks                | 102,490   | 86,823           |
| Unilever N V New York Shs New                            | Common Stocks                | 83,828    | 86,337           |
| PG&E Corp Com                                            | Common Stocks                | 94,835    | 85,738           |
| Biogen IDEC Inc Com                                      | Common Stocks                | 86,973    | 85,509           |
| American Express Co Com                                  | Common Stocks                | 90,099    | 85,331           |
| Humana Inc Com                                           | Common Stocks                | 64,160    | 84,982           |
| Carnival Corp Paired CTF1 Com (see addl description)     | Common Stocks                | 108,055   | 84,701           |
| Danaher Corp Com                                         | Common Stocks                | 97,213    | 84,484           |
| Abercrombie & Fitch Co Cl A                              | Common Stocks                | 106,787   | 84,444           |
| Hong Kong Exchanges & Clearing ADR                       | Common Stocks                | 113,219   | 84,145           |
| Kimco Rlty Corp Com                                      | Common Stocks                | 94,870    | 83,733           |
| Lorillard Inc Com                                        | Common Stocks                | 83,245    | 83,448           |
| Telefonica S A Sponsored ADR                             | Common Stocks                | 118,546   | 82,804           |
| Sigma Aldrich Corp Com                                   | Common Stocks                | 94,738    | 82,072           |
| Covidien PLC Shs                                         | Common Stocks                | 94,374    | 81,693           |
| Turkiye Garanti Bankasi A S Sponsored ADR                | Common Stocks                | 118,108   | 81,271           |
| Canadian Nat Res LTD Com                                 | Common Stocks                | 98,869    | 81,168           |
| Intuitive Surgical Inc Com new                           | Common Stocks                | 59,843    | 81,027           |
| General Dynamics Corp Com                                | Common Stocks                | 93,210    | 80,688           |
| Cliffs nat Res Inc Com                                   | Common Stocks                | 118,011   | 80,681           |
| United Technologies Corp Com                             | Common Stocks                | 93,944    | 79,887           |
| US Bancorp Del Com New                                   | Common Stocks                | 72,745    | 78,310           |
| Franklin Res Inc Com                                     | Common Stocks                | 93,766    | 78,289           |
| Altera Corp Com                                          | Common Stocks                | 84,634    | 78,170           |
| Juniper Networks Inc Com                                 | Common Stocks                | 160,675   | 77,374           |
| Biogen IDEC Inc Com                                      | Common Stocks                | 68,419    | 76,485           |
| Mercadolibre Inc Com                                     | Common Stocks                | 60,835    | 76,438           |
| Douglas Emmett Inc Com                                   | Common Stocks                | 78,795    | 75,769           |
| Cerner Corp Com                                          | Common Stocks                | 64,784    | 75,705           |
| Range Resources Corp Com                                 | Common Stocks                | 60,831    | 74,638           |
| Swatch Group AG ADR                                      | Common Stocks                | 74,941    | 74,485           |
| Illumina Inc Com                                         | Common Stocks                | 164,511   | 73,853           |
| Salesforce Com Inc Com                                   | Common Stocks                | 89,309    | 73,356           |
| Kddi Corp ADR                                            | Common Stocks                | 76,842    | 72,121           |
| Hess Corp Com                                            | Common Stocks                | 106,502   | 71,852           |
| Peabody Energy Corp Com                                  | Common Stocks                | 132,359   | 71,849           |
| Nestle S A Sponsored ADR Repstg Reg Sh                   | Common Stocks                | 70,027    | 70,972           |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party | Description of<br>Investment | Cost       | Current<br>Value |
|----------------------------------------------------------|------------------------------|------------|------------------|
| <b>Corporate equity (continued)</b>                      |                              |            |                  |
| Comerica Inc Com                                         | Common Stocks                | \$ 103,916 | \$ 70,847        |
| Dassault Sys Sa ADR com                                  | Common Stocks                | 65,219     | 69,425           |
| Teck Resources Limited                                   | Common Stocks                | 96,273     | 68,691           |
| Keycorp New Com                                          | Common Stocks                | 83,226     | 68,326           |
| Kohls Corp Com                                           | Common Stocks                | 73,343     | 67,610           |
| Flsmidth & Co A S Sponsored ADR                          | Common Stocks                | 99,884     | 67,262           |
| CME Group Inc Com                                        | Common Stocks                | 81,171     | 67,009           |
| Ctrip Com Intl LTD American Dep Shs                      | Common Stocks                | 110,477    | 66,971           |
| Equity One Inc Com                                       | Common Stocks                | 72,895     | 66,324           |
| Celanese Corp Del Com Ser A                              | Common Stocks                | 61,793     | 65,165           |
| Time Warner Cable Inc Com                                | Common Stocks                | 76,297     | 65,159           |
| Wal-Mart Stores Inc Com                                  | Common Stocks                | 57,877     | 64,720           |
| Pepsico Inc Com                                          | Common Stocks                | 63,861     | 64,559           |
| Sabmiller PLC Spons ADR                                  | Common Stocks                | 60,998     | 63,157           |
| Halliburton Co Com                                       | Common Stocks                | 88,098     | 62,636           |
| Arm Hldgs PLC Sponsored ADR                              | Common Stocks                | 70,245     | 62,479           |
| Check Point Software Tech Com                            | Common Stocks                | 64,709     | 61,840           |
| Verifone Systems Inc                                     | Common Stocks                | 67,973     | 61,165           |
| Goldman Sachs Group Inc Com                              | Common Stocks                | 110,846    | 60,950           |
| Amazon.Com inc Com                                       | Common Stocks                | 65,991     | 60,585           |
| Fifth Third Bancorp Com                                  | Common Stocks                | 69,803     | 60,458           |
| National Grid Transco PLC Spon ADR New                   | Common Stocks                | 58,029     | 59,388           |
| Hang Lung Pptys LTD Sponsored                            | Common Stocks                | 82,497     | 57,552           |
| Camden Pty Tr Com                                        | Common Stocks                | 54,651     | 53,091           |
| Apache Corp Com                                          | Common Stocks                | 71,836     | 52,718           |
| American Assets Tr Inc Com                               | Common Stocks                | 50,052     | 50,270           |
| Linkedin Corp Com Cl A                                   | Common Stocks                | 57,550     | 50,219           |
| Jones Lang lasalle Inc Com                               | Common Stocks                | 81,812     | 50,172           |
| Thermo Fisher Corp Com                                   | Common Stocks                | 63,126     | 49,017           |
| Yandex N V Shs Class A                                   | Common Stocks                | 76,497     | 47,576           |
| Abercrombie & Fitch Co Cl A                              | Common Stocks                | 63,580     | 47,521           |
| Comcast Corp Cl A                                        | Common Stocks                | 48,143     | 46,353           |
| Cerner Corp Com                                          | Common Stocks                | 43,169     | 46,183           |
| Wal-Mart Stores Inc Com                                  | Common Stocks                | 41,919     | 45,716           |
| Deere & Co Com                                           | Common Stocks                | 42,973     | 45,018           |
| Perrigo Company Com                                      | Common Stocks                | 39,213     | 44,466           |
| Macys Inc Com                                            | Common Stocks                | 41,969     | 43,958           |
| Macerich Co Com                                          | Common Stocks                | 42,437     | 43,314           |
| Target Corp Com                                          | Common Stocks                | 44,089     | 43,281           |
| PS Business Pks inc Calif Com                            | Common Stocks                | 45,191     | 42,681           |
| Hersha Hospitality TR Priority Cl A                      | Common Stocks                | 58,403     | 41,768           |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party | Description of<br>Investment | Cost      | Current<br>Value |
|----------------------------------------------------------|------------------------------|-----------|------------------|
| <b>Corporate equity (continued)</b>                      |                              |           |                  |
| Stericycle Inc Com                                       | Common Stocks                | \$ 41,373 | \$ 39,739        |
| Peabody Energy Corp Com                                  | Common Stocks                | 55,387    | 39,235           |
| Ramco-Gershenson Properties Com                          | Common Stocks                | 45,160    | 33,982           |
| Highwoods Pptys Inc Com                                  | Common Stocks                | 37,685    | 33,112           |
| Vodafone Group PLC New Sponsored ADR New                 | Common Stocks                | 30,389    | 32,571           |
| Las Vegas Sands Corp Com                                 | Common Stocks                | 31,571    | 32,048           |
| Corrections Corp Amer New Com New                        | Common Stocks                | 38,118    | 30,931           |
| Southern Copper Corp Com                                 | Common Stocks                | 31,870    | 30,542           |
| Cbre Group Inc Cl A                                      | Common Stocks                | 41,605    | 27,655           |
| Education Rlty Tr Inc Com                                | Common Stocks                | 21,485    | 23,777           |
| American Campus Cmnty Inc Com                            | Common Stocks                | 15,244    | 19,721           |
| Ashford Hospitality Tr Inc Com Shs                       | Common Stocks                | 6,539     | 6,776            |
|                                                          |                              |           | 39,798,019       |
| <b>Corporate bonds</b>                                   |                              |           |                  |
| Wal-Mart Stores Inc NT Dtd 8/24/2007                     | Non-Government Obligations   | 1,169,156 | 1,257,156        |
| General Elec Cap Corp - Tranche # Tr 00528 Dtd 3/20/2002 | Non-Government Obligations   | 844,787   | 878,205          |
| News Amer Inc Sr NT Dtd 2/16/2011                        | Non-Government Obligations   | 771,725   | 875,968          |
| Devon Energy Corp Sr Deb Dtd 3/25/2002                   | Non-Government Obligations   | 789,514   | 801,466          |
| Toledo Edison Co Sr NT Dtd 11/16/2006                    | Non-Government Obligations   | 673,047   | 673,523          |
| United Parcel Svc Inc Sr NT Dtd 1/15/2008                | Non-Government Obligations   | 578,635   | 672,545          |
| Duke Energy Carolinas LLC 1st & ref MG BD Dtd 12/8/2011  | Non-Government Obligations   | 644,877   | 669,594          |
| Hasbro Inc NT Dtd 3/11/2010                              | Non-Government Obligations   | 628,613   | 659,459          |
| AT&T Inc Global NT Dtd 5/13/2008                         | Non-Government Obligations   | 579,857   | 648,575          |
| Newmont Mng Corp Dtd 9/18/2009                           | Non-Government Obligations   | 580,080   | 645,285          |
| Honeywell Intl Inc Sr NT Dtd 2/17/2011                   | Non-Government Obligations   | 563,193   | 643,991          |
| Cisco Sys Inc Dtd 11/17/009                              | Non-Government Obligations   | 566,244   | 642,369          |
| Harris Corp Del Sr NT Dtd 12/3/2010                      | Non-Government Obligations   | 530,820   | 565,435          |
| AT&T Inc Gbl NT Dtd 8/18/2011                            | Non-Government Obligations   | 503,794   | 565,162          |
| Verizon Communications Inc NT Dtd 11/3/2011              | Non-Government Obligations   | 545,076   | 565,021          |
| Lilly Eli & Co Sr NT Dtd 3/6/2009                        | Non-Government Obligations   | 509,735   | 552,503          |
| Halliburton Co Sr NT Dtd 3/13/2009                       | Non-Government Obligations   | 530,869   | 534,609          |
| AFLAC Inc Dtd 12/17/2009                                 | Non-Government Obligations   | 521,331   | 533,693          |
| Fmr corp Sr NT 144a Dtd 7/6/2010                         | Non-Government Obligations   | 483,742   | 505,260          |
| Marathon Pete Corp Sr NT Dtd 9/1/2011                    | Non-Government Obligations   | 459,303   | 504,287          |
| Metlife Inc Jr SB DB Dtd 12/21/2006                      | Non-Government Obligations   | 505,438   | 496,781          |
| Dell computer Deb Dtd 4/15/1998                          | Non-Government Obligations   | 485,613   | 496,069          |
| Cigna Corp Sr NT Dtd 11/10/2011                          | Non-Government Obligations   | 475,949   | 472,269          |
| Nationwide MUT Ins Co Srpls NT 144a Dtd 8/10/2009        | Non-Government Obligations   | 480,957   | 471,296          |
| Directv Hlds LLC Sr NT Dtd 3/10/2011                     | Non-Government Obligations   | 431,144   | 461,208          |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party   | Description of<br>Investment | Cost       | Current<br>Value |
|------------------------------------------------------------|------------------------------|------------|------------------|
| <b>Corporate bonds (continued)</b>                         |                              |            |                  |
| HSBC Bk USA N A Global - Tranche # SB 00001 Dtd 10/25/2004 | Non-Government Obligations   | \$ 470,564 | \$ 458,252       |
| Oglethorpe Pwr corp 1stm Bd 11a Dtd 8/19/2011              | Non-Government Obligations   | 403,720    | 457,620          |
| JPMorgan Chase & Co Sr NT Dtd 12/22/2011                   | Non-Government Obligations   | 439,198    | 453,962          |
| Hewlett Packard Co Gbl NT Dtd 9/19/2011                    | Non-Government Obligations   | 409,438    | 453,714          |
| South Carolina Elec & Gas Co 1st Mtg Dtd 1/27/2011         | Non-Government Obligations   | 375,633    | 442,720          |
| Pacificorp Dtd 7/17/2008                                   | Non-Government Obligations   | 428,663    | 435,547          |
| Protective Life Corp Sr NT Dtd 10/9/2009                   | Non-Government Obligations   | 420,886    | 429,709          |
| Sempra Energy NT Dtd 10/8/2009                             | Non-Government Obligations   | 381,375    | 425,682          |
| Amgen Inc Sr NT Dtd 5/23/2008                              | Non-Government Obligations   | 413,813    | 418,853          |
| Celgene Corp Sr NT Dtd 10/7/2010                           | Non-Government Obligations   | 357,645    | 401,712          |
| Lowes Co Deb Dtd 2/9/1998                                  | Non-Government Obligations   | 385,405    | 401,600          |
| Lockheed Martin Corp Sr NT Dtd 9/9/2011                    | Non-Government Obligations   | 394,064    | 400,340          |
| Jefferies Group inc New Sr Deb Dtd 1/26/2006               | Non-Government Obligations   | 425,712    | 388,408          |
| Rowan Cos inc Sr NT                                        | Non-Government Obligations   | 394,349    | 380,998          |
| Applied Matls Inc Sr NT Dtd 6/8/2011                       | Non-Government Obligations   | 328,746    | 376,108          |
| Kinder Morgan Energy Partners L P                          | Non-Government Obligations   | 357,721    | 357,608          |
| Nationwide MUT Ins Co Surplus Nts 144a Dtd 4/5/2004        | Non-Government Obligations   | 376,408    | 357,560          |
| Merrill Lynch & Co Inc Sub NT Dtd 5/14/2008                | Non-Government Obligations   | 373,886    | 356,295          |
| Energy Transfer Partners L P Dtd 3/28/2008                 | Non-Government Obligations   | 355,205    | 342,516          |
| Goldman Sachs group Inc sub NT Dtd 10/3/2007               | Non-Government Obligations   | 350,700    | 321,026          |
| Kinder Morgan Energy Partners Sr NT Dtd 9/16/2009          | Non-Government Obligations   | 282,402    | 298,994          |
| Time Warner Cable Inc Dtd 6/29/2009                        | Non-Government Obligations   | 268,966    | 289,521          |
| Raytheon Co NT Dtd 12/6/2011                               | Non-Government Obligations   | 263,728    | 272,155          |
| Unitedhealth Group Inc Sr NT Dtd 2/17/2011                 | Non-Government Obligations   | 202,082    | 245,890          |
| Time Warner Inc Deb Dtd 4/1/2011                           | Non-Government Obligations   | 218,812    | 245,785          |
| Raytheon Co Deb Dtd 8/12/1997                              | Non-Government Obligations   | 248,886    | 245,192          |
| Morgan Stanley Sr NT                                       | Non-Government Obligations   | 254,689    | 245,030          |
| Time Warner Cable Inc NT Dtd 4/9/2007                      | Non-Government Obligations   | 225,362    | 238,858          |
| Heinz H J Fin Co Gtd Sr NT 144a Dtd 7/29/2009              | Non-Government Obligations   | 191,543    | 217,980          |
| Citigroup Inc Dtd 7/15/2009                                | Non-Government Obligations   | 214,123    | 214,258          |
| Corning Inc NT Dtd 8/1/2006                                | Non-Government Obligations   | 204,631    | 211,113          |
| General Elec Cap Corp MTN Fr Dtd 1/9/2009                  | Non-Government Obligations   | 196,826    | 209,655          |
| Senior Hsg Pptys Tr Sr NT DTD 12/8/2011                    | Non-Government Obligations   | 181,705    | 188,021          |
| Senior Hsg Pptys Tr Sr NT DTD 4/9/2010                     | Non-Government Obligations   | 193,787    | 183,442          |
| Unitedhealth Group Inc Sr NT Dtd 10/25/2010                | Non-Government Obligations   | 151,044    | 179,589          |
| Pemex proj Fdg Master Tr Gdt Bd Dtd 12/15/2005             | Non-Government Obligations   | 140,336    | 158,725          |
| Energy Transfer Partners L P Sr NT Dtd 5/12/2011           | Non-Government Obligations   | 158,894    | 156,888          |
| Genworth Finl inc Sr NT                                    | Non-Government Obligations   | 172,661    | 150,574          |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4i – Schedule of Assets Held (At the End of the Year) (continued)

| Identity of Issuer, Borrower<br>Lessor, or Similar Party        | Description of<br>Investment     | Cost       | Current<br>Value      |
|-----------------------------------------------------------------|----------------------------------|------------|-----------------------|
| <b>Corporate bonds (continued)</b>                              |                                  |            |                       |
| Time Warner Inc Deb Dtd 7/14/2010                               | Non-Government Obligations       | \$ 124,820 | \$ 146,536            |
| Intel Corp Sr NT                                                | Non-Government Obligations       | 129,691    | 136,946               |
| Volkswagen AG Spon ADR Pref Pfd                                 | Preferred Stock - Nonconvertible | 94,155     | 85,408                |
| Amgen Inc NT Dtd 1/16/2009                                      | Non-Government Obligations       | 17,235     | 17,687                |
|                                                                 |                                  |            | <u>28,190,206</u>     |
| <b>International bonds</b>                                      |                                  |            |                       |
| Brazil Federative rep Gbl Bd Dtd 10/07/2009                     | Foreign Obligations              | 891,416    | 916,400               |
| Statoil Asa NT Dtd 8/17/2010                                    | Foreign Obligations              | 510,266    | 621,469               |
| Siemens Financieringsmaatschappij N V Gtd NT 144a Dtd 8/16/2006 | Foreign Obligations              | 544,233    | 576,616               |
| Willis Group Hldgs Public LTD Sr NT Dtd 3/17/2011               | Foreign Obligations              | 515,560    | 540,855               |
| Bg Energy Capital PLC Gtd NT 144a Dtd 10/12/2011                | Foreign Obligations              | 424,282    | 459,935               |
| America Movil Sab de Cv Gtd Sr Dtd 3/30/2010                    | Foreign Obligations              | 428,540    | 457,750               |
| Tesco PLC Sr NT 144a Dtd 11/15/2007                             | Foreign Obligations              | 417,411    | 454,617               |
| Enel Fin Intl S A Gtd NT 144a Dtd 10/7/2009                     | Foreign Obligations              | 493,099    | 426,571               |
| Edf S A NT 144a Dtd 1/26/2009                                   | Foreign Obligations              | 432,663    | 417,803               |
| Transcanada Corp Sr NT Dtd 1/9/2009                             | Foreign Obligations              | 304,061    | 346,135               |
| Gold Fields Orogen Hldg Bvi L T Gtd Sr NT 144a Dtd 10/7/2010    | Foreign Obligations              | 334,465    | 304,614               |
| HSBC Hldgs PLC Dtd 5/27/2008                                    | Foreign Obligations              | 284,753    | 269,295               |
| Telecom Italia Cap Dtd 6/4/2008                                 | Foreign Obligations              | 251,992    | 196,155               |
| Arcelormittal Sa Luxembourg CR Sens Dtd 3/7/2011                | Foreign Obligations              | 195,494    | 175,350               |
| Arcelormittal Sa Luxembourg NT Dtd 10/8/2009                    | Foreign Obligations              | 192,084    | 171,922               |
|                                                                 |                                  |            | <u>6,335,488</u>      |
| <b>Registered investment companies</b>                          |                                  |            |                       |
| Blackrock Core Bond Portfolio Instl #332                        | Corp & Govt Daily Accrual        | 23,460,015 | 23,764,071            |
| Eaton Vance High Yield Municipals Fund Class I #490             | Municipal Daily Accrual          | 21,082,748 | 22,304,292            |
| TCW Total Return Bond Fund Class I #4728                        | Fixed Income Funds – Taxable     | 13,261,548 | 12,888,349            |
| Templeton Global Bond Fund – Ad #616                            | Fixed Income Funds – Taxable     | 12,410,294 | 11,384,199            |
| Blackrock High Yield Bond Portfolio Instl #318                  | Corp & Govt Daily Accrual        | 10,041,555 | 9,605,359             |
| Ivy Asset Strategy fund Class I #473                            | Equity Funds                     | 8,120,290  | 8,244,520             |
| CRM Small/Mid Cap Value Fund Inst                               | Equity Funds                     | 6,608,549  | 6,668,627             |
|                                                                 |                                  |            | <u>94,859,417</u>     |
|                                                                 |                                  |            | <u>\$ 200,127,546</u> |

# Acument Global Technologies, Inc. Pension Plan

## Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2011

| Identity of<br>Party Involved                                                                                                                                               | Description<br>of Assets | Purchase<br>Price | Selling<br>Price | Cost of<br>Asset | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net Gain<br>(Loss) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|------------------|------------------|--------------------------------------------------------|--------------------|
| Category (iii) – A series of transactions with securities of the same issue, which, when aggregated, involve an amount in excess of 5% of the current value of plan assets. |                          |                   |                  |                  |                                                        |                    |
| Government STIF 18                                                                                                                                                          | Money Market Fund        | \$ 58,916,523     | \$ –             | \$ 58,916,523    | \$ 58,916,523                                          | \$ –               |
| State Street Money Market Fund                                                                                                                                              | Money Market Fund        | –                 | 58,916,523       | 58,916,523       | 58,916,523                                             | –                  |
| Government STIF 18                                                                                                                                                          | Money Market Fund        | –                 | 23,816,952       | 23,816,952       | 23,816,952                                             | –                  |
| Government STIF 18                                                                                                                                                          | Money Market Fund        | –                 | 23,837,651       | 23,837,651       | 23,837,651                                             | –                  |
| Smith Barney Citigroup Bank Deposit Program                                                                                                                                 | Cash                     | 58,916,523        | –                | 58,916,523       | 58,916,523                                             | –                  |
| Smith Barney Citigroup Bank Deposit Program                                                                                                                                 | Cash                     | 24,226,798        | –                | 24,226,798       | 24,226,798                                             | –                  |
| Smith Barney Citigroup Bank Deposit Program                                                                                                                                 | Cash                     | 18,181,288        | –                | 18,181,288       | 18,181,288                                             | –                  |
| Smith Barney - Cash Held                                                                                                                                                    | Cash                     | –                 | 58,916,523       | 58,916,523       | 58,916,523                                             | –                  |
| Smith Barney - Cash Held                                                                                                                                                    | Cash                     | –                 | 18,634,482       | 18,634,482       | 18,634,482                                             | –                  |
| Smith Barney Citigroup Bank Deposit Program                                                                                                                                 | Cash                     | –                 | 57,149,659       | 57,149,659       | 57,149,659                                             | –                  |
| Smith Barney Citigroup Bank Deposit Program                                                                                                                                 | Cash                     | –                 | 11,348,211       | 11,348,211       | 11,348,211                                             | –                  |
| Smith Barney Citigroup Bank Deposit Program                                                                                                                                 | Cash                     | –                 | 26,929,336       | 26,929,336       | 26,929,336                                             | –                  |
| Smith Barney Citigroup Bank Deposit Program                                                                                                                                 | Cash                     | –                 | 10,000,000       | 10,000,000       | 10,000,000                                             | –                  |
| Smith Barney - Cash Held                                                                                                                                                    | Cash                     | –                 | 58,916,523       | 58,916,523       | 58,916,523                                             | –                  |
| Smith Barney - Cash Held                                                                                                                                                    | Cash                     | –                 | 18,634,382       | 18,634,382       | 18,634,382                                             | –                  |
| Spdr S&P 500 ETF Trust                                                                                                                                                      | Trust                    | 14,105,520        | –                | 14,105,520       | 14,105,520                                             | –                  |
| Blackrock Total Return Portfolio II                                                                                                                                         | Bond Fund                | 11,500,000        | –                | 11,500,000       | 11,500,000                                             | –                  |
| Blackrock Total Return Portfolio II                                                                                                                                         | Bond Fund                | 10,000,000        | –                | 10,000,000       | 10,000,000                                             | –                  |
| Blackrock High Yield Bond Portfolio - Inst #318                                                                                                                             | Bond Fund                | 15,000,000        | –                | 15,000,000       | 15,000,000                                             | –                  |
| Eaton Vance High Yield Municipals Fund Class I #490                                                                                                                         | Municipal Fund           | 13,800,000        | –                | 13,800,000       | 13,800,000                                             | –                  |

Acument Global Technologies, Inc. Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions (continued)

| Identity of<br>Party Involved                                                                                                                                                           | Description<br>of Assets | Purchase<br>Price | Selling<br>Price | Cost of<br>Asset | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net Gain<br>(Loss) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|------------------|------------------|--------------------------------------------------------|--------------------|
| Category (iii) – A series of transactions with securities of the same issue, which, when aggregated, involve an amount in excess of 5% of the current value of plan assets (continued). |                          |                   |                  |                  |                                                        |                    |
| Smith Barney                                                                                                                                                                            | Cash                     | \$ 59,840,266     | \$ –             | \$ 59,840,266    | \$ 59,840,266                                          | \$ –               |
| Smith Barney                                                                                                                                                                            | Cash                     | 33,877,363        | –                | 33,877,363       | 33,877,363                                             | –                  |
| TCW Total Return Bond Fd Cl N                                                                                                                                                           | Bond Fund                | –                 | 9,992,089        | 10,053,331       | 10,053,331                                             | (61,242)           |
| Ryan Labs Fxd - Smith Barney                                                                                                                                                            | Cash                     | 10,000,036        | –                | 10,000,036       | 10,000,036                                             | –                  |
| Ryan Labs Fxd - Smith Barney                                                                                                                                                            | Cash                     | –                 | 10,000,036       | 10,000,036       | 10,000,036                                             | –                  |

There were no category (i), (ii), or (iv) reportable transactions during the year.

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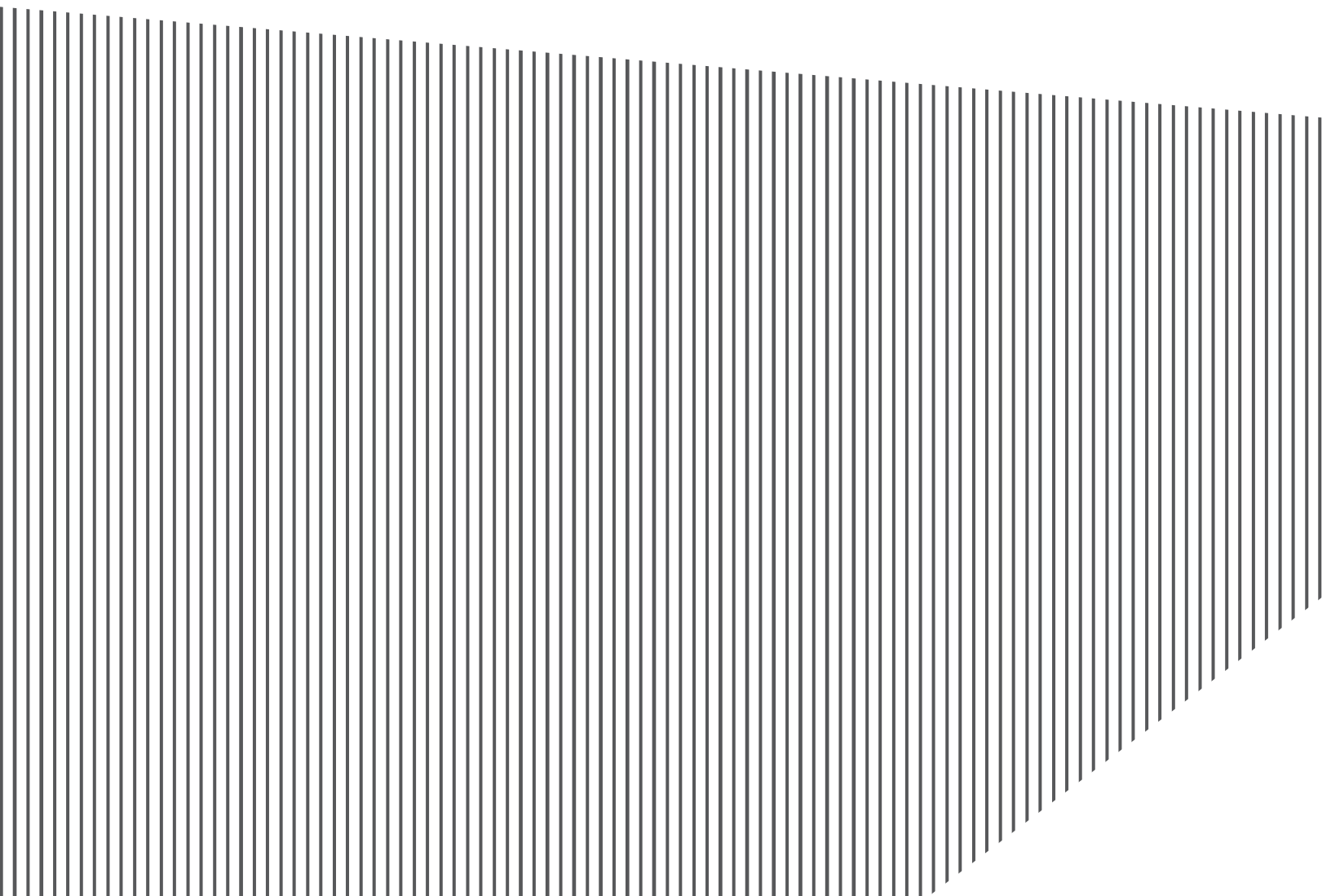
Assurance | Tax | Transactions | Advisory

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Schedule SB, line 26 - Schedule of Active Participant Data  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005

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**Age and Service Distribution of Active Members**

Completed Years of Credited Service on January 1, 2011

| <b>Attained<br/>Age</b> | Under 1<br>year | 1 to 4<br>years | 5 to 9<br>years | 10 to 14<br>years | 15 to 19<br>years | 20 to 24<br>years | 25 to 29<br>years | 30 to 34<br>years | 35 to 39<br>years | Over 40<br>years | Total |
|-------------------------|-----------------|-----------------|-----------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------------|-------|
|                         | No.             | No.             | No.             | No.               | No.               | No.               | No.               | No.               | No.               | No.              | No.   |
| <25                     | 1               | 1               |                 |                   |                   |                   |                   |                   |                   |                  | 2     |
| 25-29                   | 3               | 9               | 8               |                   |                   |                   |                   |                   |                   |                  | 20    |
| 30-34                   | 8               | 34              | 35              | 10                |                   |                   |                   |                   |                   |                  | 87    |
| 35-39                   | 8               | 34              | 40              | 35                | 8                 |                   |                   |                   |                   |                  | 125   |
| 40-44                   | 13              | 34              | 54              | 41                | 21                | 6                 |                   |                   |                   |                  | 169   |
| 45-49                   | 8               | 31              | 57              | 32                | 20                | 36                | 6                 |                   |                   |                  | 190   |
| 50-54                   | 5               | 29              | 61              | 39                | 14                | 30                | 19                | 4                 |                   |                  | 201   |
| 55-59                   | 10              | 27              | 43              | 19                | 13                | 23                | 12                | 10                | 3                 |                  | 160   |
| 60-64                   | 7               | 13              | 19              | 13                | 9                 | 2                 | 4                 | 2                 | 5                 |                  | 74    |
| 65-69                   |                 | 1               |                 | 2                 |                   | 1                 | 1                 |                   |                   |                  | 5     |
| 70&Up                   | 1               |                 |                 |                   |                   |                   |                   |                   |                   |                  | 1     |
| Total                   | 64              | 213             | 317             | 191               | 85                | 98                | 42                | 16                | 8                 |                  | 1,034 |

January 1, 2011

January 1, 2010

Number of active members

1,034

1,614

Average age

47.53

47.23

Average years of service

18.72

17.73

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN:005

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>                      | Acument Global Technologies, Inc.                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Discount Rate</b>                     | 5.88% per annum, compounded annually as of December 31, 2009<br>5.35% per annum, compounded annually as of December 31, 2010                                                                                                                                                                                                                                                                              |
| <b>Interest Rate for ASC 960</b>         | 7.60% as of January 1, 2011<br>8.50% as of January 1, 2010                                                                                                                                                                                                                                                                                                                                                |
| <b>Interest Rate for Funding</b>         | 1st Segment Rate (September 2010): 3.78%<br>2nd Segment Rate (September 2010): 6.31%<br>3rd Segment Rate (September 2010): 6.57%<br>Effective Interest Rate: 6.32%                                                                                                                                                                                                                                        |
| <b>Compensation Increases</b>            | N/A                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Assumed Cost-of-Living Adjustment</b> | 2.50%                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Value of Plan Assets</b>              | As of January 1, 2011, the Actuarial Value of Assets is set equal to the Market Value of Assets.                                                                                                                                                                                                                                                                                                          |
| <b>Mortality</b>                         | ASC 715 and 960 - Retired Pensioners 2000 table for blue collar workers projected to 2010, compared to Retired Pensioners 2000 table for blue collar workers without projection from last year.<br><br>Funding - IRS 2011 Separate Static Mortality Table as of January 1, 2011, and IRS 2010 Separate Static Mortality Table as of January 1, 2010, as prescribed by the Pension Protection Act of 2006. |
| <b>Retirement (Decrement Set #1)</b>     | The following rates were assumed for the participants covered by the main formula. These rates were also assumed for the following merged in plans:<br><br>Avdel Salaried, Fastener, and Ring Screw Works.                                                                                                                                                                                                |

| <u>Age</u> | <u>Rate (%)</u> | <u>Age</u> | <u>Rate (%)</u> |
|------------|-----------------|------------|-----------------|
| 55         | 3.0             | 63         | 15.0            |
| 56         | 3.0             | 64         | 15.0            |
| 57         | 3.0             | 65         | 45.0            |
| 58         | 3.0             | 66         | 20.0            |
| 59         | 3.0             | 67         | 20.0            |
| 60         | 6.0             | 68         | 20.0            |
| 61         | 6.0             | 69         | 20.0            |
| 62         | 45.0            | 70         | 100.0           |

Exceptions to the above rates are as follows:

- Retirement decrements for Ring Screw employees for ages prior to 60 are set to 0 %.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
Acument Global Technologies, Inc. Pension Plan  
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**Retirement (Decrement Set #2)**      The following rates were assumed for the merged plans of Flemingsburg, Greensburg and the remaining Hourly Plans:

| <u>Age</u> | <u>Rate (%)</u> |
|------------|-----------------|
| 60         | 5.6             |
| 61         | 6.4             |
| 62         | 7.3             |
| 63         | 7.9             |
| 64         | 8.5             |
| 65         | 100.0           |

**Retirement (Other)**      It was assumed for the merged in plan of Elco that participants will retire upon becoming eligible for normal retirement.

**Disability Rate**      None.

**Disabled Mortality**      The same as healthy mortality.

**Representative Termination Rates**      Withdrawal rates for representative ages for participants covered by the main pay-related formula and for the merged in plan of Avdel Salaried:

| <u>Age</u> | <u>Male %</u> | <u>Female %</u> |
|------------|---------------|-----------------|
| 20         | 7.4           | 12.4            |
| 25         | 4.9           | 7.4             |
| 30         | 3.4           | 4.9             |
| 40         | 1.3           | 2.4             |
| 50         | 0.0           | 0.7             |
| 55         | 0.0           | 0.0             |

Exception to the above rates are as follows:

- The Avdel Salaried group assumes the male rates noted above for all participants.

Withdrawal rates for representative ages for Aerospace Fastener and Avdel Cherry Fastener.

| <u>Age</u> | <u>Male %</u> | <u>Female %</u> |
|------------|---------------|-----------------|
| 20         | 14.9          | 24.9            |
| 25         | 9.9           | 14.9            |
| 30         | 6.9           | 9.9             |
| 40         | 2.8           | 4.9             |
| 50         | 0.4           | 1.6             |
| 55         | 0.0           | 0.4             |

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
Acument Global Technologies, Inc. Pension Plan  
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**Representative Termination Rates (cont.)**      Withdrawal rates for representative ages for participants of the former Elco Industries Pension Plan:

| <u>Age</u> | <u>Male %</u> | <u>Female %</u> |
|------------|---------------|-----------------|
| 20         | 6.6           | 6.6             |
| 25         | 5.3           | 5.3             |
| 30         | 4.8           | 4.8             |
| 40         | 3.8           | 3.8             |
| 50         | 1.5           | 1.5             |
| 55         | 0.3           | 0.3             |

Withdrawal rates for representative ages for the merged in plans of Flemingsburg, Greensburg, and the remaining Hourly Plans:

| <u>Years of Service</u> | <u>Rates %</u> |
|-------------------------|----------------|
| 0                       | 49.00          |
| 1                       | 20.50          |
| 2                       | 14.40          |
| 5                       | 8.89           |
| 8                       | 5.46           |
| 10                      | 4.37           |
| 15                      | 3.00           |
| 20                      | 2.28           |

Withdrawal rates for representative ages for merged in plan of Ring Screw Works:

| <u>Attained Age</u> | <u>Male %</u> | <u>Female %</u> |
|---------------------|---------------|-----------------|
| 20                  | 5.00          | 7.50            |
| 25                  | 5.00          | 7.50            |
| 30                  | 3.75          | 5.00            |
| 35                  | 2.50          | 3.75            |
| 40                  | 1.50          | 2.50            |
| 45                  | 0.75          | 1.25            |
| 50                  | 0.00          | 0.00            |

**Form of Payment**      Participants are assumed to elect the normal form

**Marriage**      80% of the participants are married for the majority of the subgroups. For the merged in plan of Ring Screw Works, 100% of the participants are assumed to be married. The male spouse is assumed to be three years older than the female spouse.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005

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|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>           | Acument Global Technologies, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Effective Date</b>         | December 31, 1943.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Credited Service</b>       | <p>The lesser of 35 years or the sum of:</p> <ul style="list-style-type: none"><li>• Credited Service under Benefit Part 1 of the Textron Master Retirement Plan through December 31, 1975; plus</li><li>• Years and completed months of covered employment subsequent to December 31, 1975; plus</li><li>• Years and completed months of employment by a predecessor company if included pursuant to Plan amendment plus</li><li>• Years and completed months subsequent to termination of employment as a result of total disability and prior to age 65, death, recovery or commencement of benefits under the Plan.</li></ul> |
| <b>Vesting Service</b>        | Years and completed months of employment by an Employment Unit and any Predecessor of such Employee Unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Compensation</b>           | Wages including 401(k) and flex deferrals, but not including reimbursements or other expenses allowances, fringe benefits, moving expenses, other deferred compensation and welfare benefits credited or paid.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Average Compensation</b>   | Based on best consecutive 5 calendar years of Compensation during all employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Covered Compensation</b>   | 82.5% of the career average Social Security taxable wage base for an individual attaining Social Security Retirement Age in that year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Eligibility</b>            | A Covered Employee employed for at least 1,000 hours in the first 12 months of employment or for any calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Normal Form of Payment</b> | Single life annuity, unless married. If married, on a reduced basis, a 50% joint and surviving spouse form is automatic unless the spouse consents otherwise.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
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***Optional Form of Payment***

Participant and spouse may elect life-only, 100% joint and surviving spouse, or joint and 50% or 100% survivor annuity.

***Normal Retirement***

Benefits are frozen as of 10/1/07

Age 65. For former AVCO participants, the monthly benefit is the sum of (1) and (2) below:

- (1) Accrued monthly benefits at December 31, 1988 times 5-year Average Compensation at date of calculation divided by 5-year Average compensation at December 31, 1988.

Plus

- (2) The sum of (a) 1.5% of the difference between monthly Average Compensation and Covered Compensation, and (b) 1% of the lesser of Covered Compensation or monthly Average Compensation; times (c) Credited Service after December 31, 1988 subject to a total limited of 35 years.

For all other participants, the monthly benefit if equal to (2) above, using all credited service subject to a limit of 35 years.

For all participants, the monthly benefit cannot be less than \$50 times Credited Service, subject to a limited of 5 years.

***Early Retirement***

Age 60 or age 55 with at least 10 years of Vesting Service, or completion of 20 years of Vesting Service regardless of age: accrued normal retirement benefit reduced 5/12% for each month of benefit commencement before age 62 down to age 57, with reduction by table for commencement at younger ages.

***Disability Retirement***

Eligible for Federal Social Security benefits and disabled during employment: continued to accrued Credited Service and Vesting Service until the earlier of death, recovery, age 65 or pension commencement.

Employees transferred to other Textron Plans who subsequently become disabled continue to accrue Vesting Service only.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005

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***Termination Benefit***

5 Year of Vesting Service: accrued normal benefit is payable in full at 65 or commencing between the age of 55 and 65 reduced 5/9% for each of the first 60 months and 5/18% for each of the next 60 months prior to age 65.

***Death Benefit***

Pre-Retirement:

Upon the death of a vested married Employee, the surviving spouse shall receive, commencing on the earliest commencement or date of death, if later, the 50% surviving spouse benefit that would have been payable to the spouse had the Employee terminated at death and elected early commencement of benefits. Upon the death of a participant eligible for Normal or Early Retirement, a death benefit will be payable to the beneficiary equal to 60 monthly payments of the participant's life annuity that would have been payable had he retired at death.

Post-Retirement:

The beneficiary of a participant who dies while receiving or eligible to receive a normal or early retirement benefit shall be eligible to receive a death benefit if the participant had not yet received 60 monthly payments. Death benefits are equal to annuity for the remainder of the 60-month period in the amount of the participant's single life annuity.

This death benefit is in addition to any other elected option.

**Changes in Plan Provisions since Prior Year**

None.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Hourly Employees

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|                                        |                                                                                                                                                                                                                                                           |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Sponsor</i></b>             | Acument Global Technologies, Inc.                                                                                                                                                                                                                         |
| <b><i>Effective Date</i></b>           | Merged in effective January 1, 1996.                                                                                                                                                                                                                      |
| <b><i>Employee</i></b>                 | Hourly paid persons not represented by a collective bargaining unit employed by any of the participating units.                                                                                                                                           |
| <b><i>Credited Service</i></b>         | A participant earns one year of Credited Service for each calendar year of 1,800 or more Hours of Service, reduced pro rata to the 1/10th year is less. Additional periods may be credited in accordance with each participating unit's Benefit Schedule. |
| <b><i>Vesting Service</i></b>          | An Employee earns one year of Vesting Service for each calendar year of 1,000 or more Hours of Service after the date specified in his participating unit's Benefit Schedule, subject to a minimum of the Credited Service earned for that year.          |
| <b><i>Hour of Service</i></b>          | Such hours include all periods of time for which the Employee is paid by the Company or by a member of the Controlled Group, and also all other hours as required under Department of Labor regulations.                                                  |
| <b><i>Eligibility</i></b>              | An Employee participates according to the applicable schedule in the plan if employed at a least 1,000 hours in the first 12 months of employment or for any calendar year.                                                                               |
| <b><i>Normal Form of Payment</i></b>   | Single life annuity, unless married. If married, on a reduced basis, a 50% joint and surviving spouse form is automatic unless the spouse consents otherwise.                                                                                             |
| <b><i>Optional Form of Payment</i></b> | Participant and spouse may elect life-only, 100% joint and surviving spouse, or joint and 50% or 100% survivor annuity.                                                                                                                                   |

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Hourly Employees

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***Normal Retirement***

Benefits are frozen as of 10/1/07

Age 65. Monthly benefit is equal to applicable rate below per year of Credited Service.

| <b><u>Benefit Division</u></b>   | <b><u>Level</u></b> |
|----------------------------------|---------------------|
| American Screw (Wytheville)      | \$25.50             |
| Burkland                         | 19.50               |
| Decorah                          | 26.00               |
| Elco Construction Products       | 26.00               |
| Elco Logistics                   | 24.00               |
| Elk Creek                        | 24.50               |
| Flexalloy                        | 15.00               |
| Logistics Nashville (Anchor Wire | 12.00               |
| Precision Commercial             | 26.00               |
| Precision Formed Products        | 25.00               |
| Wolverine (Jackson)              | 20.00               |
| Ray Carl                         | 25.00               |
| Rockford Central Service         | 26.00               |
| Sems                             | 26.00               |
| Spencer                          | 23.00               |
| Stanfield                        | 20.00               |
| Syntek                           | 26.00               |
| Taptite (Belvidere)              | 26.00               |
| Trox (Rochester)                 | 26.00               |

***Early Retirement***

Age 55 and 10 years Vesting Service: accrued normal benefit, reduce 1/2% per month for each month benefit commencement precedes age 62.

***Disability Retirement***

Available to participants at the Wolverine location: 10 years Vesting Service and eligible for Social Security disability, commencing 6 months after total disability: unreduced accrued monthly benefit payable until the earlier of age 65 recovery.

***Termination Benefit***

5 years of Vesting Service: accrued normal benefit is payable in full at age 65, or reduced 1/2% per month for early commencement from age 65.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172 PN: 005  
Hourly Employees

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***Death Benefit***

Pre-Retirement

Upon the death of a participant after 5 years of Vesting Service, the surviving spouse shall receive a 50% survivor benefit computed as if the participant had terminated employment at date of death, survived to age 55, and elected commencement of benefits under the Normal Form of Payment and died at that time.

Effective July 1st, 1985, Elco Rockford participants' accrued benefits will be reduced per the plan rules for this coverage.

Effective January 1st, 1986, Elco Precision Stamping Hourly participants' accrued benefits will be reduced per the plan rules for this coverage.

Post Retirement

Elected form of payment.

**Changes in Plan Provisions since Prior Year**

None

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Avdel Plan Employees

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|                                 |                                                                                                                                                                                                                                                              |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>             | Acument Global Technologies, Inc.                                                                                                                                                                                                                            |
| <b>Effective Date</b>           | Merged in effective January 1, 1997.                                                                                                                                                                                                                         |
| <b>Employee</b>                 | All Employees not covered under a separately negotiated bargaining agreement at Avdel.                                                                                                                                                                       |
| <b>Vested Service</b>           | An Employee earns one year of Vesting Services for each calendar year of 1,000 or more Hours of Service, subjected to a minimum of the Credited Service earned for that year.                                                                                |
| <b>Average Compensation</b>     | The monthly average of total pay received for the five consecutive years out of the ten latest years prior to retirement date which gives the highest average.                                                                                               |
| <b>Hour of Service</b>          | Such hours include all periods of time for which the Employee is paid by the Company or by a member of the Controlled Group, and also all other hours as required under Department of Labor regulations.                                                     |
| <b>Eligibility</b>              | An Employee who has attained age 21 and has been employed by the Company or an affiliate and earned 1,000 hours of vesting service.                                                                                                                          |
| <b>Normal Form of Payment</b>   | Monthly annuity ten years certain and life thereafter (optional form may be elected in advance of retirement). If married, on a reduced basis, a ten year certain and 50% joint and surviving spouse form is automatic unless the spouse consents otherwise. |
| <b>Optional Form of Payment</b> | A non-disabled participant and spouse may elect any actuarially equivalent option not to exceed their joint life expectancy nor to reduce either benefit below \$20 monthly.                                                                                 |

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
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Avdel Plan Employees

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**Normal Retirement**      50% Average Compensation multiplied by an Accrued Benefit Adjustment and a Short Service Percentage, as defined below.

The Accrued Benefit Adjustment is:

The quotient (to four decimal places) of (a) divided by (b):

- (a)    The member's Accrual Service as of such date
- (b)    The sum of (a) and the member's potential Accrual Service as of the date he reaches Normal Retirement Age if he remains an eligible employee until the date he reaches Normal Retirement Age.

The Short Service Percentage is the percentage obtained by dividing the number of complete months of service between a participant's date of employment and Retirement Date by 300 (maximum 100%).

**Early Retirement**      Age 55 and 10 years of Vesting Service: accrued normal benefit reduced 5/9% for each month up to 60 months and 5/18% for each month between 60 and 120 months that the Early Retirement Date precedes the Normal Retirement Date.

**Disability Retirement**    Present Value of Accrued Benefit on date of disability.

**Termination Benefit**    Vesting Percentage:

20% after two years of vesting service, plus 20% each additional year thereafter, up to 100%.

Form:

Same as Normal Retirement Benefit with income deferred until Normal Retirement Date:

Amount:

Accrued Benefit on date of termination multiplied by the Vesting Percentage.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Avdel Plan Employees

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**Death Benefits**

The greater of A or B:

A.    Lump Sum Death Benefit

Eligibility: Active plan participant.

Form: Lump sum payment.

Amount: Present Value of Accrued Benefit.

B.    Survivor Annuity Death Benefit

Eligibility: Qualified married participant fully or partially vested in an accrued benefit

Form: Monthly annuity payable to spouse, deferred to participant's Earliest Retirement Date if later than the date of death.

Amount: If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Pre-Retirement:

Upon the death of a participant after 5 years of Credited Service, who has not waived coverage, the surviving spouse shall receive 50% of the pension the participant would have been entitled to receive had he terminated at date of death, survived to earliest benefit commencement date, retired with the 50% joint and contingent option in effect and then died. Coverage is automatic. However, for participants over age 55, a reduction of 1/20% of the accrued benefit per month of coverage will be effective. Waiver can only be made with spousal consent.

Post-Retirement:

Elected form of payment.

**Changes in Plan Provisions since Prior Year**

None.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Elco Plan Employees

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|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Effective Date</i></b>     | Merged in effective January 1, 1999.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b><i>Eligibility</i></b>        | <p>Each covered employee participating on December 31, 1984 shall participate on January 1, 1985. Each other covered employee on and after January 1, 1985 shall become a participant in the Plan on the later of:</p> <ul style="list-style-type: none"><li>(a) The effective date of coverage applicable to the participating group of which he is a member; or</li><li>(b) The date he becomes a covered employee in the participating group</li></ul> <p>A covered employee is:</p> <ul style="list-style-type: none"><li>(a) Any employee of the Rockford Division on or after January 1, 1975, but excludes new Rockford Division employees after December 31, 1988;</li><li>(b) Any hourly rated employee in the Precision Stamping Division on and after July 1, 1976; or</li><li>(c) Any salaried employee in the Precision Stamping Division on and after June 1, 1989.</li></ul> <p>Employees who are members of a collective bargaining unit are not eligible to participant unless their bargaining agreement provides for coverage under the Plan.</p> |
| <b><i>Final Average Pay</i></b>  | Highest average W-2 earnings received in any five consecutive calendar years prior to normal retirement date or average earnings received in the last five calendar years before early retirement or termination of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b><i>Continuous Service</i></b> | Twelve full months of service equal one year of service and any full month equals one-twelfth of a year for vesting and eligibility purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b><i>Credited Service</i></b>   | Equal to continuous service except certain limited exceptions defined in the Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Elco Plan Employees

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***Eligibility for Benefits***    Normal: Age 65:

Early: The attainment of age 60 and the completion of five years of continuous service prior to age 65.

Deferred: The first of any month following normal retirement

Vested Termination: Completion of five years of continuous service

Pre-Retirement Death: A participant is eligible after meeting the requirements for a normal, early, or vested retirement benefit.

***Normal Form of Benefit***

Single life annuity, unless married. If married, on a reduced basis, a 50% joint and surviving spouse form is automatic unless the spouse consents otherwise.

***Retirement and Termination Benefits***

**Accrued Retirement Benefit**

**For Rockford Employees:**

A frozen benefit at December 31, 1988 equal to the maximum of the product of (a) and (b), or (c):

- (a)    1-1/5% of final average pay (at December 31, 1988) multiplied by potential years of credited service (up to a maximum of 35 years)

minus

1-2/3% of the annual primary Social Security benefit multiplied by potential years of credited service (up to a maximum of 35 years); times

- (b)    The ratio of actual credited service (at December 31, 1988) and potential credited service (each up to a maximum of 35 years).

or

- (c)    \$10.00 multiplied by service through December 31, 1988.

**For Precision Stamping Hourly Employees:**

The product of (a) and (b):

- (a)    .775% of final average pay below covered compensation

plus

1.2% of final average pay in excess of covered compensation; times

- (b)    Credited service, up to a maximum of 45 years.

In no event will a participant's accrued retirement benefit be less than the December 31, 1988 accrued benefit under the prior formula.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Elco Plan Employees

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**Retirement and  
Termination Benefits  
(cont.)**

For Precision Stamping Salaried Employees:

The product of (a) and (b) plus (c):

(a)    .775% of final average pay below covered compensation

plus

1.2% of final average pay in excess of covered compensation; times

(b)    Credited service, up to a maximum of 45 years minus credited service on May 31, 1989, plus

(c)    Accrued benefit at May 31, 1989 under the previous Precision Stamping Division salaried plan converted to a life annuity; plus additional benefits granted based on credited service at May 31, 1989.

**Normal Retirement**

Upon attainment of age 65, a participant will receive a monthly benefit equal to one-twelfth of the accrued retirement benefit

**Early Retirement**

Accrued retirement benefit reduced .6% for each month commencement precedes normal retirement.

**Deferred Retirement**

Benefit accrued at termination.

**Vested Retirement**

Upon completion of five years of continuous service, benefit accrued at termination payable at age 65.

**Pre-Retirement Death  
Benefit**

If a participant dies after meeting the eligibility requirements for a normal, early or vested retirement benefit, the spouse, if married through out the one-year period prior to death, shall be entitled to a surviving spouse for life.

The surviving spouse shall receive one-half of the accrued retirement benefit reduced by the approximate early retirement and contingent annuitant factors. The accrued retirement benefit is reduced, according to factors in the Plan, for the period that the pre-retirement death coverage is in effect January 1, 1985.

**Changes in Plan Provisions since Prior Year**

None.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Ring Screw Works Plan Provisions

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**Plan Sponsor**                      Acument Global Technologies, Inc.

**Effective Date**                      July 5, 1955. Merged in effective January 1, 2001.

The Plan was amended to freeze benefits for bargained employees effective July 1, 2008.  
In addition, the Medicare Part B subsidy was eliminated.

**Employees**                              All person employed by Ring Screw Works on an hourly basis.

**Credited Service**                      Credited Service (maximum of 38 years) is granted on the following schedule:

| <u>Hours</u>  | <u>Service</u> |
|---------------|----------------|
| 1 - 170       | 0.1            |
| 171 - 340     | 0.2            |
| 341 - 510     | 0.3            |
| 511 - 680     | 0.4            |
| 681 - 850     | 0.5            |
| 851 - 1,020   | 0.6            |
| 1,021 - 1,190 | 0.7            |
| 1,191 - 1,360 | 0.8            |
| 1,361 - 1,530 | 0.9            |
| 1,531+        | 1.0            |

**Vesting Service**                      Vesting Service is granted on the following schedule

| <u>Hours</u> | <u>Service</u> |
|--------------|----------------|
| 85 - 254     | 0.1            |
| 255 - 424    | 0.2            |
| 425 - 594    | 0.3            |
| 595 - 764    | 0.4            |
| 765 - 934    | 0.5            |
| 935+         | 1.0            |

**Eligibility**                              An Employee participates as of January 1, 1987 or when the employee becomes a member of a collective bargaining until, if later.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Ring Screw Works Plan Provisions

---

**Normal Form of Payment**                      Single life annuity unless married. If married, the actuarial equivalent of the single life annuity reduced for preretirement spousal coverage will automatically be payable, with a 50% continuation to the surviving spouse after the retiree's death. The survivor option may be waived only with spousal consent.

**Optional Form of Payment**                      Participant and spouse may elect life-only, or may elect a joint and survivor annuity with the survivor receiving 50%, 62-2/3%, or 100% of the retiree's benefit.

**Normal Retirement**                      Age 65 or the completion of 5 years of service. The monthly benefit is determined according to the following schedule:

| <u>Years of<br/>Credited Service</u> | <u>Monthly<br/>Benefit Rate</u> |
|--------------------------------------|---------------------------------|
| 0.0 - 9.0                            | \$32.43                         |
| 9.1 - 14.0                           | 34.75                           |
| 14.1 - 19.0                          | 42.75                           |
| 19.1 - 38.0                          | 43.20                           |

**Early Retirement**                      A participant may retire at age 60 with 5 years of credited service. The accrued normal benefit will be reduced as follows for commencement before age 65.

| <u>Age</u> | <u>Percent<br/>of Benefit</u> |
|------------|-------------------------------|
| 62 & Older | 100%                          |
| 61         | 85%                           |
| 60         | 75%                           |

**Disability Retirement**                      Eligibility at age 40 with 15 Years of Service. The benefit of \$30.00 per month times years of Credited Service up to a maximum of 25 years less any Workmen's Compensation benefits being received becomes payable 6 months after date of disablement.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172 PN: 005  
Ring Screw Works Plan Provisions

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***Termination Benefit*** After 5 years of Vesting Service a deferred benefit equal to the accrued normal benefit will be payable at age 65.

***Death Benefits*** Pre-Retirement:

Upon the death of a participant after 5 years of Vesting Service, the surviving spouse shall receive a 50% survivor benefit computed as if the participant had terminated employment at date of death, survived to the earliest retirement age and elected commencement of benefits under the Normal Form of Payment and died at that time.

Post-Retirement:

Elected form of payment

**Changes in Plan Provisions since Prior Year**

None.

**ATTACHMENT TO THE 2011 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Acument Global Technologies, Inc.

Plan Name: Acument Global Technologies, Inc. Pension Plan

Plan Year: January 1, 2011 to December 31, 2011

EIN: 20-5110172

Plan No.: 005

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**Item 4i- Schedule of Assets Held at End of Year**

Pages 23 - 33 of the attached auditor's report of the Plan for the plan year ending December 31, 2011 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Pages 34 - 35 of the attached auditor's report of the Plan for the plan year ending December 31, 2011 provides the schedule of reportable transactions.

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                                          |                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC. PENSION PLAN</u>                                                                                           | <b>B</b> Three-digit plan number (PN) <u>005</u>                   |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ACUMENT GLOBAL TECHNOLOGIES, INC.</u>                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>20-5110172</u> |  |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                                    |  |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500                  |                                                                    |  |

|                                                                                                                                                                                                                 |                                   |                           |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                                   |                           |                  |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                               |                                   |                           |                  |
| <b>2</b> Assets:                                                                                                                                                                                                |                                   |                           |                  |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                         | <u>207762567</u>          |                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                         | <u>207762567</u>          |                  |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                   |                           |                  |
|                                                                                                                                                                                                                 | <b>(1) Number of participants</b> | <b>(2) Funding Target</b> |                  |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>                         | <u>2467</u>               | <u>124608449</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b>                         | <u>4855</u>               | <u>85158254</u>  |
| <b>c</b> For active participants:                                                                                                                                                                               |                                   |                           |                  |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b>                      | <u>1492101</u>            |                  |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b>                      | <u>21605702</u>           |                  |
| <b>(3)</b> Total active .....                                                                                                                                                                                   | <b>3c(3)</b>                      | <u>1034</u>               | <u>23097803</u>  |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b>                         | <u>8356</u>               | <u>232864506</u> |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                               |                                   |                           |                  |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                         |                           |                  |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                         |                           |                  |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                          | <u>6.32%</u>              |                  |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                          | <u>500000</u>             |                  |

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

|                                                                                                                                                                     |                                                                                                         |                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                    | <br>Signature of actuary<br><u>Jennifer A. James, A.S.A., M.A.A.A.</u><br>Type or print name of actuary | <u>10/3/12</u><br>Date<br><u>1105902</u><br>Most recent enrollment number<br><u>617-530-4608</u><br>Telephone number (including area code) |
| <u>PricewaterhouseCoopers LLP</u><br>Firm name<br><u>125 High Street</u><br><u>PricewaterhouseCoopers LLP</u><br><u>Boston MA 02110-1707</u><br>Address of the firm |                                                                                                         |                                                                                                                                            |

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

| Part II | Beginning of year carryover and prefunding balances |
|---------|-----------------------------------------------------|
| 1       | 1                                                   |
| 2       | 2                                                   |
| 3       | 3                                                   |
| 4       | 4                                                   |
| 5       | 5                                                   |
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| 96      | 96                                                  |
| 97      | 97                                                  |
| 98      | 98                                                  |
| 99      | 99                                                  |
| 100     | 100                                                 |

|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                         | 0                     |                        |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 0                     |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                            | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>16.50%</u> .....                                             | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.70%</u> except as otherwise provided (see instructions) ..... |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                    |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                  |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                     | 0                     |                        |

### Part III Funding percentages

|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 89.22 % |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 89.22 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 94.17 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

## Part IV Contributions and liquidity shortfalls

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

| Part II - Payments and plan year by employer(s) and employees. |                                   |                                 |                          |                                   |                                 |
|----------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                       | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2011                                                     | 291888                            | 0                               |                          |                                   |                                 |
| 07/15/2011                                                     | 291888                            | 0                               |                          |                                   |                                 |
| 10/14/2011                                                     | 291888                            | 0                               |                          |                                   |                                 |
| 01/13/2012                                                     | 291888                            | 0                               |                          |                                   |                                 |
| 09/14/2012                                                     | 3980001                           | 0                               |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                       |                                   |                                 | 18(b)                    | 5147553                           | 18(c)                           |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 4706092 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.78% | 2nd segment:<br>6.31% | 3rd segment:<br>6.57% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....                  | <b>27</b>                                                           |

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

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|--|---------------------|-------------|-------------------------------------------------------|----------|---------|------------------------------------------------|---|---|
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                                 | 500000             |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                                                                                                                 | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>25101939</td> <td>4206092</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                    |               |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 25101939 | 4206092 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                                        | Installment        |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 25101939                                                                                                                                                                                                                                                                                                                                   | 4206092            |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                          | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>                                                                                                                                                                                                                                                                                                                                  |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>                                                                                                                                                                                                                                                                                                                                  | 4706092            |               |  |                     |             |                                                       |          |         |                                                |   |   |
|                                                                                                                                                                                      | Carryover balance                                                                                                                                                                                                                                                                                                                          | Prefunding balance | Total balance |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |                    | 0             |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                                                  | 4706092            |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>                                                                                                                                                                                                                                                                                                                                  | 4706092            |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                                                            |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                                                                 | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                                 | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                                                  | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>                                                                                                                                                                                                                                                                                                                                  | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

**Schedule SB, line 22 - Description of Weighted Average Retirement Age**  
**Acument Global Technologies, Inc. Pension Plan**  
**EIN - 20-5110172 and PN - 005**

| Addendum A                |      |      |     |       | Addendum B                |       |      |     |       | Addendum N                |      |      |     |       |
|---------------------------|------|------|-----|-------|---------------------------|-------|------|-----|-------|---------------------------|------|------|-----|-------|
|                           |      | 1000 |     |       |                           |       | 1000 |     |       |                           |      | 1000 |     |       |
| 54                        | 0    | 1000 | 0   | 0     | 54                        | 0     | 1000 | 0   | 0     | 54                        | 0    | 1000 | 0   | 0     |
| 55                        | 0.03 | 970  | 30  | 1650  | 55                        | 0     | 1000 | 0   | 0     | 55                        | 0    | 1000 | 0   | 0     |
| 56                        | 0.03 | 941  | 29  | 1624  | 56                        | 0     | 1000 | 0   | 0     | 56                        | 0    | 1000 | 0   | 0     |
| 57                        | 0.03 | 913  | 28  | 1596  | 57                        | 0     | 1000 | 0   | 0     | 57                        | 0    | 1000 | 0   | 0     |
| 58                        | 0.03 | 886  | 27  | 1566  | 58                        | 0     | 1000 | 0   | 0     | 58                        | 0    | 1000 | 0   | 0     |
| 59                        | 0.03 | 859  | 27  | 1593  | 59                        | 0     | 1000 | 0   | 0     | 59                        | 0    | 1000 | 0   | 0     |
| 60                        | 0.06 | 807  | 52  | 3120  | 60                        | 0.056 | 944  | 56  | 3360  | 60                        | 0.06 | 940  | 60  | 3600  |
| 61                        | 0.06 | 759  | 48  | 2928  | 61                        | 0.064 | 884  | 60  | 3660  | 61                        | 0.06 | 884  | 56  | 3416  |
| 62                        | 0.45 | 417  | 342 | 21204 | 62                        | 0.073 | 819  | 65  | 4030  | 62                        | 0.45 | 486  | 398 | 24676 |
| 63                        | 0.15 | 354  | 63  | 3969  | 63                        | 0.079 | 754  | 65  | 4095  | 63                        | 0.15 | 413  | 73  | 4599  |
| 64                        | 0.15 | 301  | 53  | 3392  | 64                        | 0.085 | 690  | 64  | 4096  | 64                        | 0.15 | 351  | 62  | 3968  |
| 65                        | 0.45 | 166  | 135 | 8775  | 65                        | 1     | 0    | 690 | 44850 | 65                        | 0.45 | 193  | 158 | 10270 |
| 66                        | 0.2  | 133  | 33  | 2178  | 66                        | 1     | 0    | 0   | 0     | 66                        | 1    | 0    | 193 | 12738 |
| 67                        | 0.2  | 106  | 27  | 1809  | 67                        | 1     | 0    | 0   | 0     | 67                        | 1    | 0    | 0   | 0     |
| 68                        | 0.2  | 85   | 21  | 1428  | 68                        | 1     | 0    | 0   | 0     | 68                        | 1    | 0    | 0   | 0     |
| 69                        | 0.2  | 68   | 17  | 1173  | 69                        | 1     | 0    | 0   | 0     | 69                        | 1    | 0    | 0   | 0     |
| 70                        | 1    | 0    | 68  | 4760  | 70                        | 1     | 0    | 0   | 0     | 70                        | 1    | 0    | 0   | 0     |
| Average 62.77             |      |      |     |       | Average 64.09             |       |      |     |       | Average 63.27             |      |      |     |       |
| Addendum A Actives 26.41% |      |      |     |       | Addendum B Actives 41.94% |       |      |     |       | Addendum N Actives 31.65% |      |      |     |       |

|                                 |       |
|---------------------------------|-------|
| Weighted Average Retirement Age | 63.48 |
|---------------------------------|-------|

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005

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|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Sponsor</i></b>           | Acument Global Technologies, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b><i>Effective Date</i></b>         | December 31, 1943.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b><i>Credited Service</i></b>       | <p>The lesser of 35 years or the sum of:</p> <ul style="list-style-type: none"><li>• Credited Service under Benefit Part 1 of the Textron Master Retirement Plan through December 31, 1975; plus</li><li>• Years and completed months of covered employment subsequent to December 31, 1975; plus</li><li>• Years and completed months of employment by a predecessor company if included pursuant to Plan amendment plus</li><li>• Years and completed months subsequent to termination of employment as a result of total disability and prior to age 65, death, recovery or commencement of benefits under the Plan.</li></ul> |
| <b><i>Vesting Service</i></b>        | Years and completed months of employment by an Employment Unit and any Predecessor of such Employee Unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b><i>Compensation</i></b>           | Wages including 401(k) and flex deferrals, but not including reimbursements or other expenses allowances, fringe benefits, moving expenses, other deferred compensation and welfare benefits credited or paid.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b><i>Average Compensation</i></b>   | Based on best consecutive 5 calendar years of Compensation during all employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b><i>Covered Compensation</i></b>   | 82.5% of the career average Social Security taxable wage base for an individual attaining Social Security Retirement Age in that year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b><i>Eligibility</i></b>            | A Covered Employee employed for at least 1,000 hours in the first 12 months of employment or for any calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b><i>Normal Form of Payment</i></b> | Single life annuity, unless married. If married, on a reduced basis, a 50% joint and surviving spouse form is automatic unless the spouse consents otherwise.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
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***Optional Form of Payment***

Participant and spouse may elect life-only, 100% joint and surviving spouse, or joint and 50% or 100% survivor annuity.

***Normal Retirement***

Benefits are frozen as of 10/1/07

Age 65. For former AVCO participants, the monthly benefit is the sum of (1) and (2) below:

- (1) Accrued monthly benefits at December 31, 1988 times 5-year Average Compensation at date of calculation divided by 5-year Average compensation at December 31, 1988.

Plus

- (2) The sum of (a) 1.5% of the difference between monthly Average Compensation and Covered Compensation, and (b) 1% of the lesser of Covered Compensation or monthly Average Compensation; times (c) Credited Service after December 31, 1988 subject to a total limited of 35 years.

For all other participants, the monthly benefit if equal to (2) above, using all credited service subject to a limit of 35 years.

For all participants, the monthly benefit cannot be less than \$50 times Credited Service, subject to a limited of 5 years.

***Early Retirement***

Age 60 or age 55 with at least 10 years of Vesting Service, or completion of 20 years of Vesting Service regardless of age: accrued normal retirement benefit reduced 5/12% for each month of benefit commencement before age 62 down to age 57, with reduction by table for commencement at younger ages.

***Disability Retirement***

Eligible for Federal Social Security benefits and disabled during employment: continued to accrued Credited Service and Vesting Service until the earlier of death, recovery, age 65 or pension commencement.

Employees transferred to other Textron Plans who subsequently become disabled continue to accrue Vesting Service only.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005

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***Termination Benefit***

5 Year of Vesting Service: accrued normal benefit is payable in full at 65 or commencing between the age of 55 and 65 reduced 5/9% for each of the first 60 months and 5/18% for each of the next 60 months prior to age 65.

***Death Benefit***

Pre-Retirement:

Upon the death of a vested married Employee, the surviving spouse shall receive, commencing on the earliest commencement or date of death, if later, the 50% surviving spouse benefit that would have been payable to the spouse had the Employee terminated at death and elected early commencement of benefits. Upon the death of a participant eligible for Normal or Early Retirement, a death benefit will be payable to the beneficiary equal to 60 monthly payments of the participant's life annuity that would have been payable had he retired at death.

Post-Retirement:

The beneficiary of a participant who dies while receiving or eligible to receive a normal or early retirement benefit shall be eligible to receive a death benefit if the participant had not yet received 60 monthly payments. Death benefits are equal to annuity for the remainder of the 60-month period in the amount of the participant's single life annuity.

This death benefit is in addition to any other elected option.

**Changes in Plan Provisions since Prior Year**

None.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Hourly Employees

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|                                        |                                                                                                                                                                                                                                                           |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Sponsor</i></b>             | Acument Global Technologies, Inc.                                                                                                                                                                                                                         |
| <b><i>Effective Date</i></b>           | Merged in effective January 1, 1996.                                                                                                                                                                                                                      |
| <b><i>Employee</i></b>                 | Hourly paid persons not represented by a collective bargaining unit employed by any of the participating units.                                                                                                                                           |
| <b><i>Credited Service</i></b>         | A participant earns one year of Credited Service for each calendar year of 1,800 or more Hours of Service, reduced pro rata to the 1/10th year is less. Additional periods may be credited in accordance with each participating unit's Benefit Schedule. |
| <b><i>Vesting Service</i></b>          | An Employee earns one year of Vesting Service for each calendar year of 1,000 or more Hours of Service after the date specified in his participating unit's Benefit Schedule, subject to a minimum of the Credited Service earned for that year.          |
| <b><i>Hour of Service</i></b>          | Such hours include all periods of time for which the Employee is paid by the Company or by a member of the Controlled Group, and also all other hours as required under Department of Labor regulations.                                                  |
| <b><i>Eligibility</i></b>              | An Employee participates according to the applicable schedule in the plan if employed at a least 1,000 hours in the first 12 months of employment or for any calendar year.                                                                               |
| <b><i>Normal Form of Payment</i></b>   | Single life annuity, unless married. If married, on a reduced basis, a 50% joint and surviving spouse form is automatic unless the spouse consents otherwise.                                                                                             |
| <b><i>Optional Form of Payment</i></b> | Participant and spouse may elect life-only, 100% joint and surviving spouse, or joint and 50% or 100% survivor annuity.                                                                                                                                   |

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
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Hourly Employees

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***Normal Retirement***

Benefits are frozen as of 10/1/07

Age 65. Monthly benefit is equal to applicable rate below per year of Credited Service.

| <b><u>Benefit Division</u></b>   | <b><u>Level</u></b> |
|----------------------------------|---------------------|
| American Screw (Wytheville)      | \$25.50             |
| Burkland                         | 19.50               |
| Decorah                          | 26.00               |
| Elco Construction Products       | 26.00               |
| Elco Logistics                   | 24.00               |
| Elk Creek                        | 24.50               |
| Flexalloy                        | 15.00               |
| Logistics Nashville (Anchor Wire | 12.00               |
| Precision Commercial             | 26.00               |
| Precision Formed Products        | 25.00               |
| Wolverine (Jackson)              | 20.00               |
| Ray Carl                         | 25.00               |
| Rockford Central Service         | 26.00               |
| Sems                             | 26.00               |
| Spencer                          | 23.00               |
| Stanfield                        | 20.00               |
| Syntek                           | 26.00               |
| Taptite (Belvidere)              | 26.00               |
| Trox (Rochester)                 | 26.00               |

***Early Retirement***

Age 55 and 10 years Vesting Service: accrued normal benefit, reduce 1/2% per month for each month benefit commencement precedes age 62.

***Disability Retirement***

Available to participants at the Wolverine location: 10 years Vesting Service and eligible for Social Security disability, commencing 6 months after total disability: unreduced accrued monthly benefit payable until the earlier of age 65 recovery.

***Termination Benefit***

5 years of Vesting Service: accrued normal benefit is payable in full at age 65, or reduced 1/2% per month for early commencement from age 65.

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Acument Global Technologies, Inc. Pension Plan  
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Hourly Employees

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***Death Benefit***

Pre-Retirement

Upon the death of a participant after 5 years of Vesting Service, the surviving spouse shall receive a 50% survivor benefit computed as if the participant had terminated employment at date of death, survived to age 55, and elected commencement of benefits under the Normal Form of Payment and died at that time.

Effective July 1st, 1985, Elco Rockford participants' accrued benefits will be reduced per the plan rules for this coverage.

Effective January 1st, 1986, Elco Precision Stamping Hourly participants' accrued benefits will be reduced per the plan rules for this coverage.

Post Retirement

Elected form of payment.

**Changes in Plan Provisions since Prior Year**

None

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
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Avdel Plan Employees

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|                                        |                                                                                                                                                                                                                                                              |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Sponsor</i></b>             | Acument Global Technologies, Inc.                                                                                                                                                                                                                            |
| <b><i>Effective Date</i></b>           | Merged in effective January 1, 1997.                                                                                                                                                                                                                         |
| <b><i>Employee</i></b>                 | All Employees not covered under a separately negotiated bargaining agreement at Avdel.                                                                                                                                                                       |
| <b><i>Vested Service</i></b>           | An Employee earns one year of Vesting Services for each calendar year of 1,000 or more Hours of Service, subjected to a minimum of the Credited Service earned for that year.                                                                                |
| <b><i>Average Compensation</i></b>     | The monthly average of total pay received for the five consecutive years out of the ten latest years prior to retirement date which gives the highest average.                                                                                               |
| <b><i>Hour of Service</i></b>          | Such hours include all periods of time for which the Employee is paid by the Company or by a member of the Controlled Group, and also all other hours as required under Department of Labor regulations.                                                     |
| <b><i>Eligibility</i></b>              | An Employee who has attained age 21 and has been employed by the Company or an affiliate and earned 1,000 hours of vesting service.                                                                                                                          |
| <b><i>Normal Form of Payment</i></b>   | Monthly annuity ten years certain and life thereafter (optional form may be elected in advance of retirement). If married, on a reduced basis, a ten year certain and 50% joint and surviving spouse form is automatic unless the spouse consents otherwise. |
| <b><i>Optional Form of Payment</i></b> | A non-disabled participant and spouse may elect any actuarially equivalent option not to exceed their joint life expectancy nor to reduce either benefit below \$20 monthly.                                                                                 |

Schedule SB, Part V - Summary Of Plan Provisions  
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Avdel Plan Employees

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***Normal Retirement***

50% Average Compensation multiplied by an Accrued Benefit Adjustment and a Short Service Percentage, as defined below.

The Accrued Benefit Adjustment is:

The quotient (to four decimal places) of (a) divided by (b):

- (a) The member's Accrual Service as of such date
- (b) The sum of (a) and the member's potential Accrual Service as of the date he reaches Normal Retirement Age if he remains an eligible employee until the date he reaches Normal Retirement Age.

The Short Service Percentage is the percentage obtained by dividing the number of complete months of service between a participant's date of employment and Retirement Date by 300 (maximum 100%).

***Early Retirement***

Age 55 and 10 years of Vesting Service: accrued normal benefit reduced 5/9% for each month up to 60 months and 5/18% for each month between 60 and 120 months that the Early Retirement Date precedes the Normal Retirement Date.

***Disability Retirement***

Present Value of Accrued Benefit on date of disability.

***Termination Benefit***

Vesting Percentage:

20% after two years of vesting service, plus 20% each additional year thereafter, up to 100%.

Form:

Same as Normal Retirement Benefit with income deferred until Normal Retirement Date:

Amount:

Accrued Benefit on date of termination multiplied by the Vesting Percentage.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
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Avdel Plan Employees

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***Death Benefits***

The greater of A or B:

A.    Lump Sum Death Benefit

Eligibility: Active plan participant.

Form: Lump sum payment.

Amount: Present Value of Accrued Benefit.

B.    Survivor Annuity Death Benefit

Eligibility: Qualified married participant fully or partially vested in an accrued benefit

Form: Monthly annuity payable to spouse, deferred to participant's Earliest Retirement Date if later than the date of death.

Amount: If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Pre-Retirement:

Upon the death of a participant after 5 years of Credited Service, who has not waived coverage, the surviving spouse shall receive 50% of the pension the participant would have been entitled to receive had he terminated at date of death, survived to earliest benefit commencement date, retired with the 50% joint and contingent option in effect and then died. Coverage is automatic. However, for participants over age 55, a reduction of 1/20% of the accrued benefit per month of coverage will be effective. Waiver can only be made with spousal consent.

Post-Retirement:

Elected form of payment.

**Changes in Plan Provisions since Prior Year**

None.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
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Elco Plan Employees

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|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Effective Date</i></b>     | Merged in effective January 1, 1999.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b><i>Eligibility</i></b>        | <p>Each covered employee participating on December 31, 1984 shall participate on January 1, 1985. Each other covered employee on and after January 1, 1985 shall become a participant in the Plan on the later of:</p> <ul style="list-style-type: none"><li>(a) The effective date of coverage applicable to the participating group of which he is a member; or</li><li>(b) The date he becomes a covered employee in the participating group</li></ul> <p>A covered employee is:</p> <ul style="list-style-type: none"><li>(a) Any employee of the Rockford Division on or after January 1, 1975, but excludes new Rockford Division employees after December 31, 1988;</li><li>(b) Any hourly rated employee in the Precision Stamping Division on and after July 1, 1976; or</li><li>(c) Any salaried employee in the Precision Stamping Division on and after June 1, 1989.</li></ul> <p>Employees who are members of a collective bargaining unit are not eligible to participant unless their bargaining agreement provides for coverage under the Plan.</p> |
| <b><i>Final Average Pay</i></b>  | Highest average W-2 earnings received in any five consecutive calendar years prior to normal retirement date or average earnings received in the last five calendar years before early retirement or termination of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b><i>Continuous Service</i></b> | Twelve full months of service equal one year of service and any full month equals one-twelfth of a year for vesting and eligibility purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b><i>Credited Service</i></b>   | Equal to continuous service except certain limited exceptions defined in the Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
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Elco Plan Employees

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***Eligibility for Benefits***

Normal: Age 65:

Early: The attainment of age 60 and the completion of five years of continuous service prior to age 65.

Deferred: The first of any month following normal retirement

Vested Termination: Completion of five years of continuous service

Pre-Retirement Death: A participant is eligible after meeting the requirements for a normal, early, or vested retirement benefit.

***Normal Form of Benefit***

Single life annuity, unless married. If married, on a reduced basis, a 50% joint and surviving spouse form is automatic unless the spouse consents otherwise.

***Retirement and Termination Benefits***

**Accrued Retirement Benefit**

For Rockford Employees:

A frozen benefit at December 31, 1988 equal to the maximum of the product of (a) and (b), or (c):

- (a) 1-1/5% of final average pay (at December 31, 1988) multiplied by potential years of credited service (up to a maximum of 35 years)

minus

1-2/3% of the annual primary Social Security benefit multiplied by potential years of credited service (up to a maximum of 35 years); times

- (b) The ratio of actual credited service (at December 31, 1988) and potential credited service (each up to a maximum of 35 years).

or

- (c) \$10.00 multiplied by service through December 31, 1988.

For Precision Stamping Hourly Employees:

The product of (a) and (b):

- (a) .775% of final average pay below covered compensation

plus

1.2% of final average pay in excess of covered compensation; times

- (b) Credited service, up to a maximum of 45 years.

In no event will a participant's accrued retirement benefit be less than the December 31, 1988 accrued benefit under the prior formula.

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Acument Global Technologies, Inc. Pension Plan  
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Elco Plan Employees

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***Retirement and  
Termination Benefits  
(cont.)***

For Precision Stamping Salaried Employees:

The product of (a) and (b) plus (c):

(a)    .775% of final average pay below covered compensation

plus

1.2% of final average pay in excess of covered compensation; times

(b)    Credited service, up to a maximum of 45 years minus credited service on May 31, 1989, plus

(c)    Accrued benefit at May 31, 1989 under the previous Precision Stamping Division salaried plan converted to a life annuity; plus additional benefits granted based on credited service at May 31, 1989.

***Normal Retirement***

Upon attainment of age 65, a participant will receive a monthly benefit equal to one-twelfth of the accrued retirement benefit

***Early Retirement***

Accrued retirement benefit reduced .6% for each month commencement precedes normal retirement.

***Deferred Retirement***

Benefit accrued at termination.

***Vested Retirement***

Upon completion of five years of continuous service, benefit accrued at termination payable at age 65.

***Pre-Retirement Death  
Benefit***

If a participant dies after meeting the eligibility requirements for a normal, early or vested retirement benefit, the spouse, if married through out the one-year period prior to death, shall be entitled to a surviving spouse for life.

The surviving spouse shall receive one-half of the accrued retirement benefit reduced by the approximate early retirement and contingent annuitant factors. The accrued retirement benefit is reduced, according to factors in the Plan, for the period that the pre-retirement death coverage is in effect January 1, 1985.

**Changes in Plan Provisions since Prior Year**

None.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Ring Screw Works Plan Provisions

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**Plan Sponsor**                      Acument Global Technologies, Inc.

**Effective Date**                      July 5, 1955. Merged in effective January 1, 2001.

The Plan was amended to freeze benefits for bargained employees effective July 1, 2008.  
In addition, the Medicare Part B subsidy was eliminated.

**Employees**                              All person employed by Ring Screw Works on an hourly basis.

**Credited Service**                      Credited Service (maximum of 38 years) is granted on the following schedule:

| <u>Hours</u>  | <u>Service</u> |
|---------------|----------------|
| 1 - 170       | 0.1            |
| 171 - 340     | 0.2            |
| 341 - 510     | 0.3            |
| 511 - 680     | 0.4            |
| 681 - 850     | 0.5            |
| 851 - 1,020   | 0.6            |
| 1,021 - 1,190 | 0.7            |
| 1,191 - 1,360 | 0.8            |
| 1,361 - 1,530 | 0.9            |
| 1,531+        | 1.0            |

**Vesting Service**                      Vesting Service is granted on the following schedule

| <u>Hours</u> | <u>Service</u> |
|--------------|----------------|
| 85 - 254     | 0.1            |
| 255 - 424    | 0.2            |
| 425 - 594    | 0.3            |
| 595 - 764    | 0.4            |
| 765 - 934    | 0.5            |
| 935+         | 1.0            |

**Eligibility**                              An Employee participates as of January 1, 1987 or when the employee becomes a member of a collective bargaining until, if later.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005  
Ring Screw Works Plan Provisions

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***Normal Form of Payment***

Single life annuity unless married. If married, the actuarial equivalent of the single life annuity reduced for preretirement spousal coverage will automatically be payable, with a 50% continuation to the surviving spouse after the retiree's death. The survivor option may be waived only with spousal consent.

***Optional Form of Payment***

Participant and spouse may elect life-only, or may elect a joint and survivor annuity with the survivor receiving 50%, 62-2/3%, or 100% of the retiree's benefit.

***Normal Retirement***

Age 65 or the completion of 5 years of service. The monthly benefit is determined according to the following schedule:

| <u>Years of<br/>Credited Service</u> | <u>Monthly<br/>Benefit Rate</u> |
|--------------------------------------|---------------------------------|
| 0.0 - 9.0                            | \$32.43                         |
| 9.1 - 14.0                           | 34.75                           |
| 14.1 - 19.0                          | 42.75                           |
| 19.1 - 38.0                          | 43.20                           |

***Early Retirement***

A participant may retire at age 60 with 5 years of credited service. The accrued normal benefit will be reduced as follows for commencement before age 65.

| <u>Age</u> | <u>Percent<br/>of Benefit</u> |
|------------|-------------------------------|
| 62 & Older | 100%                          |
| 61         | 85%                           |
| 60         | 75%                           |

***Disability Retirement***

Eligibility at age 40 with 15 Years of Service. The benefit of \$30.00 per month times years of Credited Service up to a maximum of 25 years less any Workmen's Compensation benefits being received becomes payable 6 months after date of disablement.

Schedule SB, Part V - Summary Of Plan Provisions  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172 PN: 005  
Ring Screw Works Plan Provisions

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***Termination Benefit*** After 5 years of Vesting Service a deferred benefit equal to the accrued normal benefit will be payable at age 65.

***Death Benefits*** Pre-Retirement:

Upon the death of a participant after 5 years of Vesting Service, the surviving spouse shall receive a 50% survivor benefit computed as if the participant had terminated employment at date of death, survived to the earliest retirement age and elected commencement of benefits under the Normal Form of Payment and died at that time.

Post-Retirement:

Elected form of payment

**Changes in Plan Provisions since Prior Year**

None.

**ATTACHMENT TO THE 2011 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Acument Global Technologies, Inc.

Plan Name: Acument Global Technologies, Inc. Pension Plan

Plan Year: January 1, 2011 to December 31, 2011

EIN: 20-5110172

Plan No.: 005

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**Item 4i- Schedule of Assets Held at End of Year**

Pages 23 - 33 of the attached auditor's report of the Plan for the plan year ending December 31, 2011 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Pages 34 - 35 of the attached auditor's report of the Plan for the plan year ending December 31, 2011 provides the schedule of reportable transactions.

Schedule SB, line 32 - Schedule of Amortization Bases  
Acument Global Technologies, Inc. Pension Plan  
EIN: 20-5110172    PN: 005

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| Type of Base | Present Value of<br>Remaining Installments | Valuation Date Base<br>was Established | Number of Years<br>Remaining | Amortization<br>Installment |
|--------------|--------------------------------------------|----------------------------------------|------------------------------|-----------------------------|
| Shortfall    | \$3,594,915                                | January 1, 2010                        | 6                            | \$667,552                   |
| Shortfall    | \$21,507,024                               | January 1, 2011                        | 7                            | \$3,538,540                 |