

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

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>08/01/2011</u> and ending <u>07/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>FAUSTER-CAMERON, INC. PROFIT SHARING PLAN AND TRUST</u>	1b Three-digit plan number (PN) ► <u>003</u> 1c Effective date of plan <u>08/01/1982</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>FAUSTER-CAMERON, INC.</u> <u>1400 E. SECOND ST. P.O. BOX 218</u> <u>DEFIANCE, OH 43512</u>	2b Employer Identification Number (EIN) <u>34-0903600</u> 2c Sponsor's telephone number <u>419-784-1414</u> 2d Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>05/15/2013</u>	<u>CHAD L. PETER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>05/15/2013</u>	<u>CHAD L. PETER</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FAUSTER-CAMERON, INC. PENSION COMMITTEE 1400 E. SECOND STREET PO BOX 218 DEFIANCE, OH 43512		3b Administrator's EIN 34-1250575
		3c Administrator's telephone number 419-784-1414
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	346
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	342
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	342
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	342
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	342
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2R 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

For calendar plan year 2011 or fiscal plan year beginning **08/01/2011** and ending **07/31/2012**

A Name of plan FAUSTER-CAMERON, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAUSTER-CAMERON, INC.	D Employer Identification Number (EIN) 34-0903600	

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

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	PHP297	339	08/01/2011	07/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
38817	9700

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

FIRST FEDERAL BANK OF THE MIDWEST
ATTN THOMAS WEBER PO BOX 248
DEFIANCE, OH 43512

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38817			3

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

WENDER & COMPANY
1745 INDIAN WOOD CIRCLE SUITE 160
MAUMEE, OH 43537

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9700	SERVICE PROGRAM FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	3909698
5 Current value of plan's interest under this contract in separate accounts at year end	5	16021462

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

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

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 ▶ OTHERGROUP PENSION FUNDING

b Balance at the end of the previous year	7b	3194313
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	956905	
	7c(2)		
	7c(3)	99573	
	7c(4)	3503505	
	7c(5)	527163	

▶ LOANS VALUE ADJ TRANSFERS ETC

(6) Total additions	7c(6)	5087146
---------------------------	--------------	---------

d Total of balance and additions (add b and c(6))	7d	8281459
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3019209	
(2) Administration charge made by carrier	7e(2)	700	
(3) Transferred to separate account	7e(3)	1239440	
(4) Other (specify below)	7e(4)	112412	

▶ LOANS VALUE ADJ TRANSFERS ETC

(5) Total deductions	7e(5)	4371761
----------------------------	--------------	---------

f Balance at the end of the current year (subtract e(5) from d)	7f	3909698
---	-----------	---------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2011 or fiscal plan year beginning **08/01/2011** and ending **07/31/2012**

A Name of plan FAUSTER-CAMERON, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAUSTER-CAMERON, INC.	D Employer Identification Number (EIN) 34-0903600	

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

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	PHP298	3	08/01/2011	07/31/2012

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

(a) Total amount of commissions paid 223	(b) Total amount of fees paid 56
---	---

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

FIRST FEDERAL BANK OF THE MIDWEST
ATTN THOMAS WEBER PO BOX 248
DEFIANCE, OH 43512

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
223		COMMISSIONS 3	

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

WENDER & COMPANY
1745 INDIAN WOOD CIRCLE SUITE 160
MAUMEE, OH 43537

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	56	SERVICE PROGRAM FEES 5	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	128976
5 Current value of plan's interest under this contract in separate accounts at year end	5	37762

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

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

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 Balance at the end of the previous year	7b	102875
c Additions: (1) Contributions deposited during the year	7c(1)	19138
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	3229
(4) Transferred from separate account	7c(4)	50
(5) Other (specify below)	7c(5)	8222
▶ LOANS VALUE ADJ TRANSFERS ETC		
(6) Total additions	7c(6)	30639
d Total of balance and additions (add b and c(6))	7d	133514
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	100
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	4438
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	4538
f Balance at the end of the current year (subtract e(5) from d)	7f	128976

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2011 or fiscal plan year beginning **08/01/2011** and ending **07/31/2012**

A Name of plan FAUSTER-CAMERON, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 FAUSTER-CAMERON, INC.	D Employer Identification Number (EIN) 34-0903600

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

ING LIFE INSURANCE & ANNUITY CO.

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65 66	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	97378	Yes ☐ No ☒

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

ING MUTUAL FUNDS

95-4516049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROV	0	Yes ☒ No ☐	Yes ☒ No ☐	50327	Yes ☐ No ☒

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

FIDELITY FUNDS

06-1194217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROV	0	Yes ☒ No ☐	Yes ☒ No ☐	36201	Yes ☐ No ☒

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

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

ING FINANCIAL ADVISORS

06-1375177

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63	BROKER DEALER	0	Yes ☒ No ☐	Yes ☒ No ☐	35380	Yes ☐ No ☒

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

AMERICAN FUNDS

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROV	0	Yes ☒ No ☐	Yes ☒ No ☐	22341	Yes ☐ No ☒

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

PIONEER FUNDS

13-5657669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROV	0	Yes ☒ No ☐	Yes ☒ No ☐	14551	Yes ☐ No ☒

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

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

INVESCO FUNDS

58-2287224

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	INVESTMENT PRODUCT PROV	0	Yes ☒ No ☐	Yes ☒ No ☐	11836	Yes ☐ No ☒

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

TEMPLETON FUNDS

13-2670991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROV	0	Yes ☒ No ☐	Yes ☒ No ☐	9353	Yes ☐ No ☒

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

LORD ABBETT FUNDS

13-3731507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROV	0	Yes ☒ No ☐	Yes ☒ No ☐	6039	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2011 or fiscal plan year beginning 08/01/2011 and ending 07/31/2012

A Name of plan <u>FAUSTER-CAMERON, INC. PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FAUSTER-CAMERON, INC.</u>	D Employer Identification Number (EIN) <u>34-0903600</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO.

c EIN-PN <u>71-0294708-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16059223</u>
---------------------------------------	-------------------------------	---

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):

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

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

For calendar plan year 2011 or fiscal plan year beginning 08/01/2011 and ending 07/31/2012		
A Name of plan FAUSTER-CAMERON, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAUSTER-CAMERON, INC.	D Employer Identification Number (EIN) 34-0903600	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	607584	222165
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	408962	773433
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	560669	198739
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	347572	288591
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	18149336	16059224
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3297188	4038674
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23371311	21580826

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23371311	21580826
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	232838	
(B) Participants	2a(1)(B)	463722	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		696560
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14932	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14932
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	529859	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		529859
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4356
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1245707

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3029654	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3029654
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6538	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6538
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3036192

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1790485
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: SHULTZ, HUBER & ASSOCIATES, INC.

(2) EIN: 34-1769212

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5b(1) Name of plan(s)

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

Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust

Financial Statements

July 31, 2012

Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust
Defiance, Ohio

Contents

	Page
Independent Auditor's Report	1
Financial Statements	
Statement of Net Assets in Liquidation Available For Benefits	2
Statement of Changes in Net Assets in Liquidation Available for Benefits	3
Notes to Financial Statements	4
Supplementary Information	Schedule
Schedule of Assets (Held at End of Year)	I 13



SH&A

CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS DEVELOPMENT SPECIALISTS

SHULTZ HUBER
AND ASSOCIATES, INC.

Independent Auditor's Report

Administrator of
Fauster-Cameron, Inc. Profit-Sharing Plan and Trust

We were engaged to audit the financial statements of Fauster-Cameron, Inc. Profit-Sharing Plan and Trust as of July 31, 2012 and 2011, and for the years then ended and the supplemental schedule as of and for the year ended July 31, 2012 as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended July 31, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee or custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Notes 1 and 4 to the financial statements, the Board of Directors of Fauster-Cameron, Inc., the Plan's sponsor, voted on November 1, 2011 to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments in insurance contracts are stated from the ongoing basis to the liquidation basis for periods after November 1, 2011.

May 13, 2013
Defiance, Ohio

Shultz Huber & Associates, Inc.

101 Clinton Street
Suite 2000
Defiance, Ohio 43512
419-782-2000
FAX 419-782-0357
www.sha-cpa.com

Terry L. Melton, CPA ♦ Timothy J. Yoder, CPA ♦ Barbara L. Kohnen, CPA ♦ Anthony L. Gericke, CPA
Tyson L. Stuckey, CPA/CVA ♦ D.J. Muse, CPA, DABFA ♦ James R. Schatz, CPA, Retired

Members of AICPA Private Companies Practice Section ♦ Offices located in Archbold, Bryan, Defiance and Van Wert

Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust

Statement of Net Assets in Liquidation Available for Benefits
July 31, 2012 and 2011

	Liquidation Basis 2012	Ongoing Plan Basis 2011
Assets		
Investments:		
At Fair Value:		
Interest-Bearing Cash	\$ 773,433	\$ 408,962
Common Stocks - Publicly Traded	198,739	560,669
	972,172	969,631
At Contract Value:		
Investment Contract with Insurance Company	20,097,897	21,446,524
Total Investments	21,070,069	22,416,155
Receivables		
Employer Contributions (Net of Forfeitures and Adjustments)	222,165	607,584
Loans to Participants	288,592	347,572
Total Receivables	510,757	955,156
Total Assets	\$ 21,580,826	\$ 23,371,311
Liabilities		
Liabilities	\$ -	\$ -
Net Assets Available For Benefits		
Net Assets Available For Benefits	21,580,826	23,371,311
Total Liabilities and Net Assets Available For Benefits	\$ 21,580,826	\$ 23,371,311

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



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust

Statement of Changes in Net Assets in Liquidation Available for Benefits
For the Years Ended July 31, 2012 and 2011

	Liquidation Basis 2012	Ongoing Plan Basis 2011
Net Investment Income		
Net Appreciation in Fair Value of Investments	\$ 529,859	\$ 2,588,454
Interest and Dividends	19,288	33,234
Net Investment Income	<u>549,147</u>	<u>2,621,688</u>
Contributions		
Employee and Rollover Contributions	463,722	919,029
Employer Contributions	232,838	652,389
Total Contributions	<u>696,560</u>	<u>1,571,418</u>
Total Additions	<u>1,245,707</u>	<u>4,193,106</u>
Benefits Paid to Participants	3,029,654	713,960
Administrative Expenses	<u>6,538</u>	<u>5,651</u>
Total Deductions	<u>3,036,192</u>	<u>719,611</u>
Net Increase (Decrease)	(1,790,485)	3,473,495
Net Assets Available for Benefits, Beginning of Year	<u>23,371,311</u>	<u>19,897,816</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 21,580,826</u></u>	<u><u>\$ 23,371,311</u></u>

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



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust
Notes to Financial Statements
July 31, 2012 and 2011

Note 1 - Description of Plan

The following description of the Fauster-Cameron, Inc. Profit-Sharing Plan and Trust provides only general information. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined contribution pension plan covering all employees of the Company working 1,000 hours or more per year who have one year of service and are age twenty-one or older. Service with Mercy Hospital of Defiance, LLC, an affiliate, is taken into account for purposes of eligibility, vesting, and benefit accrual under this plan. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Termination - The Plan's sponsor entered an agreement to be acquired by the Mercy network of hospitals. As such, the Retirement Plan Committee of the Plan's sponsor voted on November 1, 2011 to terminate the Plan effective December 31, 2011. Final distributions will be determined based on all participants being 100% vested, and will be made as soon as possible after the termination date.

Basis of Accounting - In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to value plan assets from the ongoing plan basis to the liquidation basis for periods after November 1, 2011.

Contributions - Each year, participants may contribute up to the dollar limitation in effect for that calendar year (in which the Plan year begins). The employee participant contributions are provided for under the wage deferral (Code Section 401K) provisions of the Plan. The Plan does accept rollover contributions. The Plan calls for the Company each year to contribute a fixed amount equal to 6% of compensation of certain owners, officers and other highly compensated employees and 3% to all remaining eligible participants. The Company may also contribute a discretionary amount to the Plan at the option of the Company's Executive Committee. Contributions are subject to certain limitations.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions in any desired increment into any of a variety of investment options. Participants may change their investment options daily.

Forfeited Accounts - At July 31, 2012 and 2011 forfeited, nonvested accounts totaled \$30,853 and \$10,673, respectively. Forfeited amounts are used to reduce the employer contribution required as part of the plan.



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust
Notes to Financial Statements
July 31, 2012 and 2011

Note 1 - Description of Plan (cont.)

Vesting - A participant's company contributions account vests as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

A participant's company contributions account becomes fully vested when they reach normal retirement age or if they become disabled. All of the participant's other accounts (deferral account and roll-over account) are fully vested at all times. All participants became 100% vested as of the termination effective date of December 31, 2011.

Death Benefits - Upon the death of a participant, the account becomes fully vested and available for distribution to the participant's beneficiaries.

Disability Benefits - Since the value of the participant's account becomes fully vested upon becoming disabled, it is available for distribution to the participant.

Pension Benefits - Participants are entitled to benefits as follows:

Generally, participants are entitled to receipt of benefits upon attaining the normal retirement age of 65.

In service withdrawals are subject to varying rules depending on the source of the funds in the participant's account. Participants may withdraw all or part of their deferral contributions account and qualified non-elective contributions account provided they have attained age 59 1/2. Participants may withdraw all or part of the employer contributions portion of the account, provided they are 100% vested and are at least 59 1/2.

Payment of Benefits - If the vested account balance exceeds \$1,000, the participant can elect to leave the balance in the plan or can elect benefits to be paid under any one of the following methods: in a lump sum; in installment payments (annually, quarterly, or monthly) over a specific period of time not exceeding the participant's life expectancy or the joint life expectancy of the participant and their designated beneficiary; part lump sum and part installments; or, as a joint and survivor annuity. If the vested account balance does not exceed \$1,000, the benefits are payable in a lump sum.



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust
Notes to Financial Statements
July 31, 2012 and 2011

Note 2 - Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan.

Basis of Accounting - The Plan prepares its financial statements on the accrual basis. Unrealized gains and losses on the Plan's assets are reported even though no sales of such assets actually took place.

Valuation of Investments - The Plan investments are stated at fair value except for its investment contract, which is valued at contract value with the insurance company (Note 7).

Contributions - Contributions to the Plan are reported as they are accrued.

Benefits - Benefits are reported as they are paid to the participants or their beneficiaries.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Income from investments is recorded as earned. Realized gains and losses on sales of securities represent the difference between beginning of year market value or current year purchase price and sale proceeds. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. The trustee of the plan certifies all investment income.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United State of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Tax Status - The plan, a prototype plan established under the Wender & Company Defined Contribution Plan and Trust, obtained its latest determination letter dated December 18, 2012, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, including the plan for termination. Therefore, no provision for income taxes has been included in the plan's financial statements.



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust
Notes to Financial Statements
July 31, 2012 and 2011

Note 2 - Summary of Significant Accounting Policies (cont.)

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

Reclassifications - Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

Note 3 - Funding Policy

The Plan is funded each year through contributions by Fauster-Cameron, Inc. Company contributions to the plan for the years ended July 31, 2012 and 2011 amounted to \$232,838 and \$652,389, respectively.

Note 4 - Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA. The Company has elected to do so effective December 31, 2011. All forfeitures not previously reallocated as of December 31, 2011 were allocated among participants in the employ of the Company. Final distributions will be determined based on all participants being 100% vested, and will be made as soon as possible after the termination date. None of the trust's assets are to revert to the Company.

In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to value plan assets from the ongoing plan basis to the liquidation basis for periods after November 1, 2011.



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust

Notes to Financial Statements

July 31, 2012 and 2011

Note 5 - Party - in - Interest Transactions

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Interest rates range from 4.25% to 9.25%. Principal and interest is paid ratably through payroll deductions for those who are employees. Those who are not employees make principal and interest payments ratably by check.

54 loans made by the Plan to employees of Fauster-Cameron, Inc., were in existence at July 31, 2012. 55 loans made were in existence at July 31, 2011. These loans are exempt from the excise tax on prohibited transactions. Total interest from participant loans was \$14,932 and \$17,879 for the years ended July 31, 2012 and July 31, 2011, respectively.

Note 6 - Investments (Unaudited)

The following table presents the fair value of investments at July 31, 2012 and 2011, which were certified by the ING Life Insurance and Annuity Company, the custodian. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	<u>2012</u>	<u>2011</u>
- Interest - Bearing Cash	<u>\$ 773,433</u>	<u>\$ 408,962</u>
- Corporate Common Stock	<u>198,739</u>	<u>560,669</u>
- Investment Contract with ING Life Insurance and Annuity Company		
• Invesco V.I. Core Equity Fund	1,326,213	1,447,247
• Templeton Growth Fund	823,734	1,066,772
• American Balanced Fund	1,256,034	1,279,888
• Fidelity Adv Mid Cap – Class T	1,511,612	1,627,401
• Pioneer Strategic Income Fund – Class R	882,754	1,402,926
• ING Fixed Account	4,038,673	3,297,188
• Fidelity Adv New Insights	1,499,272	1,689,532
• ING – Other Less Than 5%	<u>8,759,605</u>	<u>9,635,570</u>
	<u>20,097,897</u>	<u>21,446,524</u>
Total Investments	<u>\$ 21,070,069</u>	<u>\$ 22,416,155</u>



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust

Notes to Financial Statements

July 31, 2012 and 2011

Note 7 - Investment Contracts with Insurance Company

The Plan has investment contracts with ING Life Insurance and Annuity Company (ING). ING maintains the contributions in a pooled account. The accounts are credited with actual earnings on the underlying investments and charged for participant withdrawals and administration expenses. The fair value of the investment contracts at July 31, 2012 and 2011 was \$20,097,897 and \$21,446,524, respectively. ING has determined that the liquidation value of the investment contracts at July 31, 2012 due to the planned termination of the plan is not significantly different than the fair value.

Note 8 - Investments Other Than Self Directed

Information about the net assets and the significant components of the changes in net assets relating to the non self-directed investments is as follows:

	<u>2012</u>	<u>2011</u>
Net Assets:		
Investment Contract with Insurance Company	\$ 20,097,897	\$ 21,446,524
Loans to Participants	288,592	347,572
Receivables	<u>222,165</u>	<u>607,584</u>
 Total Assets	 20,608,654	 22,401,680
 Liabilities	 <u>-</u>	 <u>-</u>
 Net Assets	 <u>\$ 20,608,654</u>	 <u>\$ 22,401,680</u>
 Changes in Net Assets:		
Contributions and Transfers In	\$ 696,560	\$ 1,571,418
Dividends and Interest	14,932	17,879
Administrative Expenses	(6,538)	(5,650)
Net Appreciation	531,674	2,541,506
Benefits Paid to Participants	<u>(3,029,654)</u>	<u>(713,960)</u>
 Increase (Decrease) in Net Assets	 <u>\$ (1,793,026)</u>	 <u>\$ 3,411,193</u>



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust
Notes to Financial Statements
July 31, 2012 and 2011

Note 9 - Fair Value Measurements

Financial Accounting Standards Board ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices. All are maintained within a guaranteed investment contract with an insurance company.

Level 2 Fair Value Measurements

The fair value of certain corporate bonds for which quoted market price are not available are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. There were no Level 2 inputs used for the years ended July 31, 2012 and 2011.

Level 3 Fair Value Measurements

The fixed income portion of the guaranteed investment contract with an insurance company and participant loans are not actively traded and significantly other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust
Notes to Financial Statements
July 31, 2012 and 2011

Note 9 - Fair Value Measurements (cont.)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2012 and 2011.

	Fair Value Measurement Using:		
	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)	Fair Value Total
July 31, 2012:			
Investment Contract	\$ 16,059,223	\$ 4,038,674	\$ 20,097,897
Common Stocks – Publicly Traded	198,739	-	198,739
Cash Money Funds	773,433	-	773,433
Participant Loans	-	288,592	288,592
Total	<u>\$ 17,031,395</u>	<u>\$ 4,327,266</u>	<u>\$ 21,358,661</u>
July 31, 2011:			
Investment Contract	\$ 18,149,336	\$ 3,297,188	\$ 21,446,524
Common Stocks – Publicly Traded	560,669	-	560,669
Cash Money Funds	408,962	-	408,962
Participant Loans	-	347,572	347,572
Total	<u>\$ 19,118,967</u>	<u>\$ 3,644,760</u>	<u>\$ 22,763,727</u>



Fauster-Cameron, Inc.
Profit-Sharing Plan and Trust
Notes to Financial Statements
July 31, 2012 and 2011

Note 9 - Fair Value Measurements (cont.)

Level 3 Gains and Losses

The table sets forth a summary of changes in fair value of the Plan's level 3 assets for the years ended July 31, 2012 and 2011.

	Participant Loans	Investment Contract	Fair Value Total
July 31, 2012:			
Balance, Beginning of Year	\$ 347,572	\$ 3,297,188	\$ 3,644,760
Realized Gains	-	102,802	102,802
Unrealized Gains Relating to Instruments			
Still Held at the Reporting Date	-	254,975	254,975
Purchases, Sales, Issuances and Settlements (Net)	(58,980)	383,709	324,729
Balance, End of Year	<u>\$ 288,592</u>	<u>\$ 4,038,674</u>	<u>\$ 4,327,266</u>
July 31, 2011:			
Balance, Beginning of Year	\$ 314,104	\$ 2,969,704	\$ 3,283,808
Realized Gains	-	95,308	95,308
Unrealized Gains Relating to Instruments			
Still Held at the Reporting Date	-	28,434	28,434
Purchases, Sales, Issuances and Settlements (Net)	33,468	203,742	237,210
Balance, End of Year	<u>\$ 347,572</u>	<u>\$ 3,297,188</u>	<u>\$ 3,644,760</u>

Note 10 - Subsequent Events

Management has evaluated subsequent events through May 13, 2013, the date on which the financial statements were available to be issued. There are no subsequent events to disclose.



Supplementary Information

Fauster-Cameron, Inc. Profit-Sharing Plan and Trust

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

July 31, 2012

Schedule I

EIN 34-0903600

PLAN 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost ***	(e) Current Value
	Interest Bearing Cash	Interest-Bearing Cash		\$ 773,433
	Common Stock	Common Stock		198,739
	ING Money Market Portfolio I-003	Investment Contract		836,713
	ING Intermediate Bond Port I-004	Investment Contract		565,889
	ING Index Plus LargeCap Portfolio I-035	Investment Contract		816,543
	ING Index Plus MidCap Portfolio I-053	Investment Contract		26,977
	Pioneer Mid-Cap Val VCT P-CLI	Investment Contract		163,549
	Invesco V.I. Core Equity Fund - Series I Shares	Investment Contract		1,326,213
	Fidelity VIP Equity-Income Portfolio	Investment Contract		231,999
	Fidelity VIP II Contrafund Portfolio	Investment Contract		856,883
	Templeton Growth Fund	Investment Contract		823,734
	Ariel Fund	Investment Contract		122,399
	Fidelity Adv Mid Cap - Class T	Investment Contract		1,511,612
	ING VP Int'l Value Port - CLI	Investment Contract		167,258
	New Perspective Fund - Class R-3	Investment Contract		260,505
	American Balanced Fund - Class R-3	Investment Contract		1,256,034
	Lord Abbett Sm-Cap Val-Class A	Investment Contract		364,325
	The Growth Fund of America - Class R-3	Investment Contract		731,177
	Pioneer Strategic Income Fund-Class R-501	Investment Contract		882,754
	ING Fixed Account	Investment Contract		4,038,673
	Dodge & Cox International Stock Fund-735	Investment Contract		28,320
	ING Solution 2015 Portfolio	Investment Contract		831,943
	ING Solution 2025 Portfolio	Investment Contract		802,792
	ING Solution 2035 Portfolio	Investment Contract		1,027,678
	ING Solution 2045 Portfolio	Investment Contract		514,971
	ING Solution Income Portfolio	Investment Contract		11,423
	Baron Growth Fund	Investment Contract		260,763
	ING Global Real Estate Fund - Class A - 1016	Investment Contract		85,072
	ING Solution 2055 Portfolio Adv-1169	Investment Contract		1,379
	Fidelity Adv New Insights - Inst - 1600	Investment Contract		1,499,272
	Columbia Acorn Fund Z-2025	Investment Contract		51,047
*	Participant loans	Interest Rate 4.25% to 9.25%		288,592
				<u>\$ 21,358,661</u>

*** Plan administrator does not track



PARTY IN INTEREST -
IDENTITY - ING Life Ins. Co
DESCRIPTION - Cash (Int-bearing)
COST - 773433
CURRENT VALUE - 0

PARTY IN INTEREST -
IDENTITY - ING Life Ins. Co
DESCRIPTION - Brokerage Account
COST - 198739
CURRENT VALUE - 0

PARTY IN INTEREST -
IDENTITY - ING Life Ins. Co
DESCRIPTION - Grp Annuity Contract
COST - 20097897
CURRENT VALUE - 0

PARTY IN INTEREST -
IDENTITY - ING Life Ins. Co
DESCRIPTION - Participant Loans
COST - 288592
CURRENT VALUE - 0