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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HANDEX CONSULTING & REMEDIATION, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1987

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HANDEX CONSULTING & REMEDIATION, LLC

1350 N. ORANGE AVE
SUITE 101
WINTER PARK, FL 32789

2b Employer Identification Number (EIN) 20-3908055

2c Plan Sponsor's telephone number 407-442-8191

2d Business code (see instructions) 562000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	TIA BURNS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	KATHY CORTEZ
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	187
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	115
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	184
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(2)**, **6b**, and **6c**.	**6d**	184
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	184
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	126
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
HANDEX CONSULTING & REMEDIATION, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HANDEX CONSULTING & REMEDIATION, LLC

D Employer Identification Number (EIN)
20-3908055

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 61887	184	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	627		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	13		
	(4) Transferred from separate account	7c(4)	4231		
	(5) Other (specify below)	7c(5)	880		
	▶ LN DISTRIB, LN INT, LN PRIN, TRANS				
	(6) Total additions			7c(6)	5751
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	5751
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	4		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	4
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	5747

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 line **9c(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, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
HANDEX CONSULTING & REMEDIATION, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HANDEX CONSULTING & REMEDIATION, LLC

D Employer Identification Number (EIN)
20-3908055

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).. . . . . [X] 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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	7387	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HANDEX CONSULTING AND REMEDIATION,

20-8724184

(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?
10	PLAN SPONSOR	0	Yes [X] No [ ]	Yes [ ] No [X]	10000	Yes [ ] No [X]

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 60 68 72	CONTRACT ADMINISTRATOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HANDEX CONSULTING AND REMEDIATION,	10	10000
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREMIER MONEY MARKET FD BABSON 04-3212059	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JHANCOCK3 DISCIPL VALUE MID CAP FD 04-3279774	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PREMIER DISCIPLINED GRTH FDBABSON 04-3539084	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN VALUE ADVANTAGE FUND 20-2175919	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN SMALL CAP VALUE FUND 26-3613641	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX 2020 FUND 51-0318674	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX 2025 FUND 51-0318674	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX 2030 FUND 51-0318674	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX 2035 FUND 51-0318674	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX 2040 FUND 51-0318674	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX 2045 FUND 51-0318674	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX 2050 FUND 51-0318674	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX 2055 FUND 51-0318674	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK LIFEPATH INDEX RMNT FUND 51-0318674	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL MIDCAP FUND 91-1801401	BASIS POINTS * PLAN ASSETS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: AVERETT WARMUS DURKEE PA

b EIN: 59-3214308

c Position: ACCOUNTANTS

d Address: 1417E CONCORD ST
ORLANDO, FL 32803

e Telephone: 407-849-1569

Explanation: COMBINING OF ACCOUNTING PRACTICES WITH WITHUMSMITH AND BROWN, PC

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 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
HANDEX CONSULTING & REMEDIATION, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HANDEX CONSULTING & REMEDIATION, LLC

D Employer Identification Number (EIN)
20-3908055

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	262754	205597
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	7366977	6845709
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	5747
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7629731	7057053
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7629731	7057053

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)	53500	
	(B) Participants	2a(1)(B)	359113	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		412613
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)	9813	
	(F) Other	2b(1)(F)	13	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9826
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	56686	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		56686
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-537973
c Other income	2c		-10340
d Total income. Add all **income** amounts in column (b) and enter total	2d		-69188
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	492231	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		492231
f Corrective distributions (see instructions)	2f		2647
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	385	
(3) Investment advisory and management fees	2i(3)	7002	
(4) Other	2i(4)	1225	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8612
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		503490
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-572678
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WITHUM SMITH AND BROWN PC **(2)** EIN: 22-2027092

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X			68445
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X			
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
HANDEX CONSULTING & REMEDIATION, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HANDEX CONSULTING & REMEDIATION, LLC

D Employer Identification Number (EIN)
20-3908055

Part I Distributions

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

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

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

EIN(s): 04-1590850 57-1198022

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

HCR
HANDEX CONSULTING
& REMEDIATION, LLC

Date: October 17, 2016

To: Department of Labor

Re: Handex Consulting & Remediation, LLC 401(k) Plan Audit Report for the Year ended 2015

EIN: 20-3908055

To Whom It May Concern:

We have engaged a CPA firm to complete the required audit of our plan. Unfortunately, due to the damage and disruption that Hurricane Matthew caused to our area, we have been informed that we will not have the audit completed in time for our Form 5500 filing.

We respectfully request that you accept our filing and allow the auditors to complete the audit. At that time, we will file an amended Form 5500.

Thank you in advance for your consideration and understanding on this matter.

Respectfully,

Robert Case
CEO
321-441-9801 ext. 1540

A Name of Plan	B Three-digit plan Number
Handex Consulting & Remediation, LLC 401(k) Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Handex Consulting & Remediation	**203908055**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest,collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	5,747	5,747
*	MassMutual Premier	Holding Account - MF-G	0	77
*	American Funds	MF-1046	72,635	67,778
*	John Hancock	MF-1481	140,582	129,561
*	Principal Investors	MF-1737	9,435	8,729
*	JP Morgan	MF-2024	16,841	15,907
*	Vanguard	MF-2097	8,276	8,104
*	MassMutual Select	MF-CAA	240,171	226,091
*	MassMutual Select	MF-CBK	14,843	13,877
*	MassMutual Select	MF-CBT	8,583	7,858
*	BlackRock	MF-CEK	351,448	342,411
*	BlackRock	MF-CEL	955,963	932,726
*	BlackRock	MF-CEM	1,762,389	1,721,617
*	BlackRock	MF-CEN	1,583,073	1,542,700
*	BlackRock	MF-CEP	1,078,598	1,052,276
*	BlackRock	MF-CEQ	366,807	356,750
*	BlackRock	MF-CER	204,527	199,306
*	BlackRock	MF-CES	109,085	106,334
*	BlackRock	MF-CET	5,783	5,648
*	MassMutual Select	MF-IA	4,972	4,049
*	MassMutual Premier	MF-MU	40,907	37,526
*	MassMutual Premier	MF-PW	29,610	28,499
*	JP Morgan	MF-ZJ	41,514	37,886
	Participant Loans	4.250000 - 5.500000	0	205,597

A Name of Plan	B Three-digit Plan Number
Handex Consulting & Remediation, LLC 401(k) Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employee Identification Number**
Handex Consulting & Remediation	**203908055**

Schedule H, line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
BlackRock	MF-CEK	352,010	0		0	0	0	0
	MF-CEL	1,011,533	0		0	0	0	0
	MF-CEM	1,778,927	0		0	0	0	0
	MF-CEN	1,724,473	0		0	0	0	0
	MF-CEP	1,066,326	0		0	0	0	0
	MF-CEQ	706,822	0		0	0	0	0
	MF-CER	196,179	0		0	0	0	0
	MF-CES	107,445	0		0	0	0	0
	MF-CET	2,382	0		0	0	0	0

A Name of Plan	B Three-digit plan Number
Handex Consulting & Remediation, LLC 401(k) Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Handex Consulting & Remediation	**203908055**

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Funds	951411037		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to Amer Funds EuroPacific Growth Fund (MF-1046).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index 2020 Fund (MF-CEL).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index 2025 Fund (MF-CEM).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index 2030 Fund (MF-CEN).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index 2035 Fund (MF-CEP).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index 2040 Fund (MF-CEQ).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index 2045 Fund (MF-CER).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index 2050 Fund (MF-CES).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index 2055 Fund (MF-CET).
BlackRock	510318674		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Lifepath Index Rmnt Fund (MF-CEK).
John Hancock	043279774		MassMutual provided the Plan with the required written disclosure for Management Fees received by John Hancock with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481).
JP Morgan	202175919		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Value Advantage Fund (MF-2024).
JP Morgan	263613641		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Small Cap Value Fund (MF-ZJ).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to MM Rsl 2000 SmCap Indx Fd (Nrtn Tr) (MF-CBK).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to MM S&P 500 Index Fd(Northern Trust) (MF-CAA).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to MM S&P Mid Cap Index Fund (Nrtn Tr) (MF-CBT).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Premier Disciplined Grth Fd(Babson) (MF-MU).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Select Wellington/OFI Sm Cp Gr Fd (MF-IA).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees

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Massachusetts Mutual Life Insurance	041590850	received by MassMutual with respect to MM Rsl 2000 SmCap Indx Fd (Nrtn Tr) (MF-CBK).
Massachusetts Mutual Life Insurance	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to MM S&P 500 Index Fd(Northern Trust) (MF-CAA).
Massachusetts Mutual Life Insurance	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to MM S&P Mid Cap Index Fund (Nrtn Tr) (MF-CBT).
Massachusetts Mutual Life Insurance	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Disciplined Grth Fd(Babson) (MF-MU).
Massachusetts Mutual Life Insurance	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Dvrsfd Bond Fd (Babson) (MF-PW).
Massachusetts Mutual Life Insurance	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Select Wellington/OFI Sm Cp Gr Fd (MF-IA).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to Premier Disciplined Grth Fd(Babson) (MR-MU).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to Premier Money Market Fd (Babson) (MR-G).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JHancock3 Discipl Value Mid Cap Fd (MF-1481).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Value Advantage Fund (MF-2024).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to JP Morgan Small Cap Value Fund (MF-ZJ).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Principal MidCap Fund (MF-1737).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index 2020 Fund (MF-CEL).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index 2025 Fund (MF-CEM).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index 2030 Fund (MF-CEN).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index 2035 Fund (MF-CEP).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index 2040 Fund (MF-CEQ).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index 2045 Fund (MF-CER).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index 2050 Fund (MF-CES).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index 2055 Fund (MF-CET).
Massachusetts Mutual Life Insurance	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to BlackRock Lifepath Index Rmnt Fund (MF-CEK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Principal Investors	911801401	MassMutual provided the Plan with the required written disclosure for Management Fees received by Principal Investors with respect to Principal MidCap Fund (MF-1737).
Vanguard	231945930	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard REIT Index Fund (MF-2097).

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MassMutual
FINANCIAL GROUP®

Schedule C Soft Dollar Compensation
Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

Massachusetts Mutual Life Insurance Company and affiliates • Springfield, MA 01111-0001 • (413) 788-8411

SECTION I. SERVICE PROVIDERS REPORTING ELIGIBLE INDIRECT COMPENSATION (EIC DISCLOSURE PROVIDED)

SERVICE PROVIDER NAME	EIN	ADDRESS		
AMERICAN FUNDS DISTRIBUTORS, INC.	95-2769620			
ALLIANCEBERNSTEIN L.P.	13-4064930			
BLACKROCK INVESTMENTS, INC.	23-2784752			
DELAWARE INVESTMENTS	N/A	2005 MARKET STREET PHILADELPHIA	PA	19103
FEF DISTRIBUTORS, LLC	N/A	1345 AVENUE OF THE AMERICAS NEW YORK	NY	10105
FIDELITY DISTRIBUTORS CORP.	N/A	500 SALEM STREET MAIL ZONE O3N SMITHFIELD	RI	02917
FRANKLIN TEMPLETON DISTRIBUTORS, IN	N/A	100 FOUNTAIN PARKWAY ST. PETERSBURG	FL	33716
IVY FUNDS, INC.	N/A	6300 LAMAR AVENUE P. O. BOX 29217 SHAWNEE MISSION	KS	66201
JOHN HANCOCK FUNDS, LLC	N/A	601 CONGRESS STREET, 9145 BOSTON	MA	02210
MFS FUND DISTRIBUTORS, INC.	04-2747644			
OPPENHEIMER FUNDS INC.	13-2527171			
PRINCIPAL FUNDS DISTRIBUTOR, INC.	N/A	1100 INVESTMENT BLVD STE. 200 EL DORADO HILLS	CA	95762
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	N/A	1345 AVENUE OF THE AMERICAS NEW YORK	NY	10105
PUTNAM RETAIL MANAGEMENT	N/A	ONE POST OFFICE SQUARE BOSTON	MA	02109
TCW	N/A	200 PARK AVENUE SUITE 2200 NEW YORK	NY	10166♀

SECTION II. SERVICE PROVIDERS PAID DIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	DIRECT COMP	SERVICE CODES
ADP, LLC RECORD KEEPER	13-3036745		50.00	15 50 64

NOTE: SERVICE PROVIDER(S) MAY APPEAR IN SECTION III FOR INDIRECT COMPENSATION♀

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	SERVICE CODES	CUSIP
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH		
		ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH		
		ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH		
		ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	13-4064930	ALLIANCEBERNSTEIN L.P.		

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	SERVICE CODES	CUSIP
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH		
		ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH		
		ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH		
		ANNUAL RATE 0.00275 OF AVERAGE		

DAILY ASSETS-R SH

SOURCE OF COMPENSATION: 95-2769620 AMERICAN FUNDS DISTRIBUTORS, INC.

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: 23-2784752 BLACKROCK INVESTMENTS, INC.

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: N/A DELAWARE INVESTMENTS
2005 MARKET STREET
PHILADELPHIA PA 19103

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP EIN ADDRESS
SERVICE CODES CUSIP

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: N/A — IVY FUNDS, INC.
6300 LAMAR AVENUE
P. O. BOX 29217
SHAWNEE MISSION KS 66201

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: N/A — JOHN HANCOCK FUNDS, LLC
601 CONGRESS STREET, 9145
BOSTON MA 02210

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: 04-2747644 — MFS FUND DISTRIBUTORS, INC.

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH

ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH

ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: N/A FIDELITY DISTRIBUTORS CORP.
500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD RI 02917♀

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS
SERVICE CODES	CUSIP	
ADP BROKER-DEALER	22-3319984	
49 99		
RECORD KEEPER		
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
		ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
		ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
		ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH
SOURCE OF COMPENSATION:	N/A	FEF DISTRIBUTORS, LLC 1345 AVENUE OF THE AMERICAS NEW YORK NY 10105
ADP BROKER-DEALER	22-3319984	
49 99		
RECORD KEEPER		
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
		ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
		ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
		ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH
SOURCE OF COMPENSATION:	N/A	FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG FL 33716

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: N/A PUTNAM RETAIL MANAGEMENT
ONE POST OFFICE SQUARE
BOSTON MA 02109

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH
ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH
ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: N/A TCW
200 PARK AVENUE
SUITE 2200♀

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP EIN ADDRESS
SERVICE CODES CUSIP

NEW YORK NY 10166

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH
ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH

ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH

ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: 13-2527171 OPPENHEIMER FUNDS INC.

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH

ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH

ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH

ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: N/A ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK NY 10105

ADP BROKER-DEALER 22-3319984
49 99
RECORD KEEPER

AMOUNT/FORMULA: ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH

ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH

ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH

ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH

SOURCE OF COMPENSATION: N/A PRINCIPAL FUNDS DISTRIBUTOR, INC.
1100 INVESTMENT BLVD
STE. 200
EL DORADO HILLS CA 95762

MERRILL LYNCH PIERCE FENNER & SMITH 13-5674085
59
INVESTMENT ADVISOR

AMOUNT/FORMULA: 672.84

SOURCE OF COMPENSATION: N/A UNAVAILABLE
UNAVAILABLE
UNAVAILABLE CA 91367♀

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	
SERVICE CODES	CUSIP		
MERRILL LYNCH PIERCE FENNER & SMITH	13-5674085		
60			
INVESTMENT ADVISOR			
AMOUNT/FORMULA:		1,103.17	
SOURCE OF COMPENSATION:	N/A	UNAVAILABLE UNAVAILABLE UNAVAILABLE	CA 91367
MERRILL LYNCH PIERCE FENNER & SMITH	13-5674085		
63			
INVESTMENT ADVISOR			
AMOUNT/FORMULA:		1,453.71	
SOURCE OF COMPENSATION:	N/A	UNAVAILABLE UNAVAILABLE UNAVAILABLE	CA 91367

NOTE: SERVICE PROVIDER(S) MAY APPEAR IN SECTION II FOR DIRECT COMPENSATION♀

SECTION I. SERVICE PROVIDERS REPORTING ELIGIBLE INDIRECT COMPENSATION (EIC DISCLOSURE PROVIDED)

SERVICE PROVIDER NAME	EIN	ADDRESS
AMERICAN CENTURY INVESTMENT SERVICE	44-0640487	
AMERICAN FUNDS DISTRIBUTORS, INC.	95-2769620	
ALLIANCEBERNSTEIN L.P.	13-4064930	
BLACKROCK INVESTMENTS, INC.	23-2784752	
DELAWARE INVESTMENTS	N/A	2005 MARKET STREET PHILADELPHIA PA 19103
FEF DISTRIBUTORS, LLC	N/A	1345 AVENUE OF THE AMERICAS NEW YORK NY 10105
FIDELITY DISTRIBUTORS CORP.	N/A	500 SALEM STREET MAIL ZONE 03N SMITHFIELD RI 02917
FRANKLIN TEMPLETON DISTRIBUTORS, IN	N/A	100 FOUNTAIN PARKWAY ST. PETERSBURG FL 33716
IVY FUNDS, INC.	N/A	6300 LAMAR AVENUE P. O. BOX 29217 SHAWNEE MISSION KS 66201
JOHN HANCOCK FUNDS, LLC	N/A	601 CONGRESS STREET, 9145 BOSTON MA 02210
LORD ABBETT DISTRIBUTOR, LLC	N/A	90 HUDSON STREET JERSEY CITY NJ 07032
MFS FUND DISTRIBUTORS, INC.	04-2747644	
NATIXIS DISTRIBUTORS, L.P.	N/A	399 BOYLSTON STREET BOSTON MA 02116
OPPENHEIMER FUNDS INC.	13-2527171	
PRINCIPAL FUNDS DISTRIBUTOR, INC.	N/A	1100 INVESTMENT BLVD STE. 200 EL DORADO HILLS CA 95762
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	N/A	1345 AVENUE OF THE AMERICAS NEW YORK NY 10105

SECTION I. SERVICE PROVIDERS REPORTING ELIGIBLE INDIRECT COMPENSATION (EIC DISCLOSURE PROVIDED)

SERVICE PROVIDER NAME	EIN	ADDRESS
PUTNAM RETAIL MANAGEMENT	N/A	ONE POST OFFICE SQUARE BOSTON MA 02109
TCW	N/A	200 PARK AVENUE SUITE 2200 NEW YORK NY 10166

SECTION II. SERVICE PROVIDERS PAID DIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	DIRECT COMP	SERVICE CODES
ADP, LLC RECORD KEEPER	13-3036745		475.00	15 50 64
ADP, LLC RECORD KEEPER	13-3036745		750.00	37 50

NOTE: SERVICE PROVIDER(S) MAY APPEAR IN SECTION III FOR INDIRECT COMPENSATION

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	SERVICE CODES	CUSIP
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	13-4064930	ALLIANCEBERNSTEIN L.P.		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	44-0640487	AMERICAN CENTURY INVESTMENT SERVICE		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	95-2769620	AMERICAN FUNDS DISTRIBUTORS, INC.		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	23-2784752	BLACKROCK INVESTMENTS, INC.		

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	SERVICE CODES	CUSIP
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	DELAWARE INVESTMENTS 2005 MARKET STREET PHILADELPHIA PA 19103		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	IVY FUNDS, INC. 6300 LAMAR AVENUE P. O. BOX 29217 SHAWNEE MISSION KS 66201		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	JOHN HANCOCK FUNDS, LLC 601 CONGRESS STREET, 9145 BOSTON MA 02210		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	LORD ABBETT DISTRIBUTOR, LLC 90 HUDSON STREET JERSEY CITY NJ 07032		

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	SERVICE CODES	CUSIP
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	04-2747644	MFS FUND DISTRIBUTORS, INC.		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	NATIXIS DISTRIBUTORS, L.P. 399 BOYLSTON STREET BOSTON MA 02116		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE 03N SMITHFIELD RI 02917		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	FEF DISTRIBUTORS, LLC 1345 AVENUE OF THE AMERICAS NEW YORK NY 10105		

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	SERVICE CODES	CUSIP
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG FL 33716		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON MA 02109		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	TCW 200 PARK AVENUE SUITE 2200 NEW YORK NY 10166		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	13-2527171	OPPENHEIMER FUNDS INC.		

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	SERVICE CODES	CUSIP
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK NY 10105		
ADP BROKER-DEALER RECORD KEEPER	22-3319984		49 99	
AMOUNT/FORMULA:		ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SH ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SH ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SH ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SH		
SOURCE OF COMPENSATION:	N/A	PRINCIPAL FUNDS DISTRIBUTOR, INC. 1100 INVESTMENT BLVD STE. 200 EL DORADO HILLS CA 95762		
MERRILL LYNCH PIERCE FENNER & SMITH INVESTMENT ADVISOR	13-5674085		52	
AMOUNT/FORMULA:		166.81		
SOURCE OF COMPENSATION:	N/A	UNAVAILABLE UNAVAILABLE UNAVAILABLE CA 91367		
MERRILL LYNCH PIERCE FENNER & SMITH INVESTMENT ADVISOR	13-5674085		60	
AMOUNT/FORMULA:		6,316.03		
SOURCE OF COMPENSATION:	N/A	UNAVAILABLE UNAVAILABLE UNAVAILABLE CA 91367		

SECTION III. SERVICE PROVIDERS RECEIVING INDIRECT COMPENSATION

SERVICE PROVIDER NAME/RELATIONSHIP	EIN	ADDRESS	SERVICE CODES	CUSIP
MERRILL LYNCH PIERCE FENNER & SMITH INVESTMENT ADVISOR	13-5674085		59	
AMOUNT/FORMULA:		8,766.86		
SOURCE OF COMPENSATION:	N/A	UNAVAILABLE UNAVAILABLE UNAVAILABLE CA 91367		
MERRILL LYNCH PIERCE FENNER & SMITH INVESTMENT ADVISOR	13-5674085		63	
AMOUNT/FORMULA:		15,521.51		
SOURCE OF COMPENSATION:	N/A	UNAVAILABLE UNAVAILABLE UNAVAILABLE CA 91367		

NOTE: SERVICE PROVIDER(S) MAY APPEAR IN SECTION II FOR DIRECT COMPENSATION