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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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
UNISOURCE SOLUTIONS, INC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
UNISOURCE SOLUTIONS, INC

8350 REX ROAD
PICO RIVERA, CA 90660

2b Employer Identification Number (EIN) 95-4117599

2c Sponsor's telephone number 562-949-1111

2d Business code (see instructions) 442110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2010	ZUZEL BASADRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2010	ZUZEL BASADRE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
UNISOURCE SOLUTIONS, INC

8350 REX ROAD
PICO RIVERA, CA 90660

3b Administrator's EIN
95-4117599

3c Administrator's telephone number
562-949-1111

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	235
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	217
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	243
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	243
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	157
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 Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNISOURCE SOLUTIONS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
UNISOURCE SOLUTIONS, INC

D Employer Identification Number (EIN)
95-4117599

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
GREAT WEST RETIREMENT SERVICES

(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
84-0467907	68322	931780-01	0	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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
MUTUAL SERVICE CORPORATION
PO BOX 24777
WEST PALM BEACH, FL 33416

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			3

(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	0
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 ▶ AS QUOTED IN THE RATE BOOK

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	63610
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	1232		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	1232
d	Total of balance and additions (add **b** and **c(6)**)			7d	64842
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7424		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	57418		
	▶ CONTRACT TERMINATION TRANSFERRED TO COMMON COLLECTIVE TRUST				
	(5) Total deductions			7e(5)	64842
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNISOURCE SOLUTIONS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNISOURCE SOLUTIONS, INC

D Employer Identification Number (EIN)
95-4117599

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

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

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

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)

BANK OF AMERICA, NA

94-1687665

(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?
15 19 25 28 37 50 52 59 60 62 63 64	NONE	2859	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNISOURCE SOLUTIONS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNISOURCE SOLUTIONS, INC

D Employer Identification Number (EIN)
95-4117599

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-0467907-003	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE ASSET FUND

b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-6459529-001	C	277870

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNISOURCE SOLUTIONS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNISOURCE SOLUTIONS, INC

D Employer Identification Number (EIN)
95-4117599

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)	395044	427505
(9) Value of interest in common/collective trusts	1c(9)	87586	277870
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2376487	3335389
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	63610	
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2922727	4040764
	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	2922727	4040764

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)	86995	
	(B) Participants	2a(1)(B)	477548	
	(C) Others (including rollovers)	2a(1)(C)	94007	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		658550
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)	24807	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24807
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	72757	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		72757
	(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3595
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1232
(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)		632342
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1393283
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	256156	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		256156
f Corrective distributions (see instructions)	2f		7686
g Certain deemed distributions of participant loans (see instructions)	2g		8545
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2172	
(3) Investment advisory and management fees	2i(3)	687	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2859
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		275246
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1118037
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: GREEN, HASSON AND JANKS, LLP (2) EIN: 95-1777440

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
UNISOURCE SOLUTIONS, INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNISOURCE SOLUTIONS, INC

D Employer Identification Number (EIN)
95-4117599

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**

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): 06-0974148

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 **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNISOURCE SOLUTIONS, INC.
401(K) PLAN

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2009 AND 2008

UNISOURCE SOLUTIONS, INC. 401(K) PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2009 AND 2008

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GREEN HASSON & JANKS LLP
BUSINESS ADVISORS AND CPAs

INDEPENDENT AUDITORS' REPORT

To the Trustee of the
Unisource Solutions, Inc. 401(K) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Unisource Solutions, Inc. 401(K) Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company and Great-West Life & Annuity Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Reliance Trust Company held the Plan's investment assets and executed investment transactions from September 1, 2008 to December 31, 2009, and Great-West Life & Annuity Insurance Company held the Plan's investments assets and executed investment transactions for the period January 1, 2008 to August 31, 2008. The Plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the custodians is complete and accurate.

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

Green Hasson & Janks LLP

September 13, 2010
Los Angeles, California

An Independent Member of HLB International

A world-wide organization of accounting firms and business advisers

10990 Wilshire Boulevard | Sixteenth Floor | Los Angeles, CA 90024-3929
TEL: (310) 873-1600 | FAX: (310) 873-6600 | www.ghjadvisors.com

UNISOURCE SOLUTIONS, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

	December 31	
	2009	2008
ASSETS:		
Investments at Fair Value:		
Investment Accounts - Participant Directed	$ 3,614,411	$ 2,524,104
Participant Loans	427,505	395,044
TOTAL ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	4,041,916	2,919,148
Adjustment from Fair Value to Contract Value for Fully Benefit Responsive Investment Contracts	(1,152)	3,579
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,040,764	$ 2,922,727

The Accompanying Notes are an Integral Part of These Financial Statements

UNISOURCE SOLUTIONS, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
Year Ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions:		
Employer Contributions	$ 86,995	
Participant Contributions	477,548	
Rollover Contributions	94,007	
TOTAL CONTRIBUTIONS		$ 658,550
Investment Income:		
Interest and Dividend Income	97,564	
Net Appreciation in Fair Value of Investments (Including Realized Gains and Losses)	637,169	
TOTAL INVESTMENT INCOME		734,733
TOTAL ADDITIONS		1,393,283
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions to Participants	(272,387)	
Administrative Expenses	(2,859)	
TOTAL DEDUCTIONS		(275,246)
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		1,118,037
Net Assets Available for Benefits - Beginning		2,922,727
NET ASSETS AVAILABLE FOR BENEFITS - ENDING		$ 4,040,764

The Accompanying Notes are an Integral Part of These Financial Statements

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Unisource Solutions, Inc. 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan documents, including the Summary Plan Description, for a more complete description of the Plan's provisions.

(a) GENERAL

The Plan is a defined contribution 401(K) plan which covers all full-time employees of Unisource Solutions, Inc. (the Company), who have attained age 21 and completed at least 90 days of service in any plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan became effective on June 1, 1995 and was amended and restated effective January 1, 2009, to conform with the new tax laws.

Effective September 1, 2008, the Company changed the Plan provider from Great-West Life & Annuity Insurance Company to Bank of America, N.A. Bank of America, N.A. was appointed successor trustee and service provider for the Plan and assumes all responsibilities as such. Reliance Trust Company serves as the sub-custodian.

(b) CONTRIBUTIONS

A participating employee may elect to defer 100% of annual compensation. The Company will match 35% of such deferral up to 4% of employee compensation deferred. A participant must have completed at least one year of service in order to be eligible for the Company’s matching contribution.

(c) PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, the Company's contribution and an allocation of Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of terminated participants' non-vested accounts are used to reduce employer contributions for the Plan year. Available forfeitures at December 31, 2009 amounted to $14,750.

(d) VESTING

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the employer contribution account is based on years of continuous service. An active participant is 100% vested after five years of credited service. Upon a participant's death or permanent disability while employed by the Company, or upon retirement at or after normal retirement age, the participant becomes 100% vested.

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

(e) PARTICIPANT LOANS

A participant may borrow up to 50% of their vested account balance subject to a minimum loan amount of $1,000 and a maximum loan amount of $50,000. These loans bear interest at the prime rate as determined in the Wall Street Journal on the day of the loan request, plus 1% (3.25% at December 31, 2009). Interest rates on outstanding participant loans at December 31, 2009 ranged from 4.25% to 9.25%. Participant loans are secured by their vested interest in the Plan. General loans and real estate loans must be paid back within five years and twenty years, respectively. Principal and interest are paid through payroll deductions.

(f) PAYMENT OF BENEFITS

Benefits are recorded when paid. There were no benefit claims for participants separated from service that have not yet been paid as of December 31, 2009.

(g) ADMINISTRATIVE EXPENSES

The Company incurs certain expenses in administering the Plan, which are not passed on as expenses of the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) BASIS OF ACCOUNTING

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

(b) MANAGEMENT'S USE OF ESTIMATES

The preparation of financial statements in accordance with generally accepted accounting principles requires the Plan's management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses during the reporting period. Actual results could differ from those estimates.

(c) RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments, including mutual funds and guaranteed investment contracts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect amounts reported in the financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(d) VALUATION OF INVESTMENTS

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Investments are valued at fair value as of December 31, 2009 and 2008 based on quoted market prices as reported to the Plan by Reliance Trust Company (RTC). Participant loans are valued at cost, which approximates fair value.

The Bank of America (Plan corporate trustee) Stable Asset Fund (the Funds) are reported at contract values. Generally, contract values of the Funds are equal to the participant and the Company's contributions less participant withdrawals and administrative expenses plus credited interest.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

(e) FASB ACCOUNTING STANDARDS CODIFICATION

In June 2009, the Financial Accounting Standards Board (FASB) issued the FASB Accounting Standards Codification (the ASC). The ASC has become the single source of non-governmental accounting principles generally accepted in the United States (GAAP) recognized by the FASB in preparation of financial statements. The Plan adopted the ASC as of December 31, 2009. The ASC does not change GAAP and did not have an effect on the Plan's net assets or changes in net assets.

(f) SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 13, 2010, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

Information regarding the following Plan investments included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the Plan custodian.

The following presents investment accounts at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets:

	2009	2008
American Growth Fund of America	$ 489,095	$ 354,169
Livestrong 2015 Portfolio	215,818	*
Livestrong 2025 Portfolio	360,858	*
Livestrong 2035 Portfolio	594,048	*
PIMCO Total Return Admin Fund	617,131	492,967
Stable Asset Fund (Contract Value)	277,870	*
Columbia Lifegoal Balanced Growth Fund	-	562,384
Columbia Lifegoal Growth Portfolio	-	220,500
Eaton Vance Large Cap Value Fund	*	169,206
Participant Loans	427,505	395,044

* Represents less than 5% of the Plan's net assets.

The following was certified as to being complete and accurate by RTC:

- Investment accounts and participant loans as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

Upon enrollment in the Plan, a participant may direct contributions to any of the available investment options. Participants may change their investment options at their discretion at any time.

NOTE 4 - FAIR VALUE MEASUREMENT

The Plan implemented the fair value measurement accounting standard for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements. This standard applies to fair value measurements already required or permitted by existing standards.

NOTE 4 - FAIR VALUE MEASUREMENT (continued)

In general, fair values determined by Level 1 inputs utilized quoted prices (unadjusted) in active markets for identical assets. Fair values determined by Level 2 inputs utilize data points that are observable such as quoted prices, interest rates and yield curves. Fair values determined by Level 3 inputs are unobservable data points for the asset and include situations where there is little, if any, market activity for the asset.

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2009 and 2008, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

		Fair Value Measurements Using		
	Year Ended December 31	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2009:				
Mutual Funds:				
Asset Allocation Funds	$ 1,322,379	$ 1,322,379	$ -	$ -
US Equity Funds	1,115,530	1,115,530	-	-
Fixed Income Funds	617,131	617,131	-	-
International Equity Funds	219,301	219,301	-	-
Other Funds	61,048	61,048	-	-
TOTAL MUTUAL FUNDS	3,335,389	3,335,389	-	-
Guaranteed Investment Contracts	279,022	-	-	279,022
Participant Loans	427,505	-	-	427,505
TOTAL ASSETS AT FAIR VALUE	$ 4,041,916	$ 3,335,389	$ -	$ 706,527
2008:				
Mutual Funds	$ 2,376,487	$ 2,376,487	$ -	$ -
Guaranteed Investment Contracts	147,617	-	-	147,617
Participant Loans	395,044	-	-	395,044
TOTAL ASSETS AT FAIR VALUE	$ 2,919,148	$ 2,376,487	$ -	$ 542,661

NOTE 4 - FAIR VALUE MEASUREMENT (continued)

The following is a description of the valuation methodologies used for assets measured at fair value.

- **Mutual Funds:** Valued at the closing price reported on the active market on which the individual securities are traded.

- **Guaranteed Investment Contracts:** Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

- **Participant Loans:** Valued at amortized cost, which approximates fair value.

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

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Guaranteed Investment Contracts	Participant Loans	Total
Balance - January 1, 2009	$ 147,617	$ 395,044	$ 542,661
Purchases, Issuances and Settlements (Net)	131,405	32,461	163,866
BALANCE - DECEMBER 31, 2009	$ 279,022	$ 427,505	$ 706,527

NOTE 5 - TAX STATUS

On March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code (IRC). The Plan has been amended and has not received a determination letter specific to the Plan itself; however, the Plan administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investment instruments are managed by RTC. RTC is a custodian as defined by the Plan; therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event the Plan is terminated, the assets will be allocated to each participant in the proportion each account balance bears to the total of all account balances.

UNISOURCE SOLUTIONS, INC.
401(K) PLAN

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009

UNISOURCE SOLUTIONS, INC. 401(K) PLAN

EIN 95-4117599 PN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

(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
	AIM Funds	AIM Real Estate Fund		$ 8,174
	American Funds	American Capital World Growth Fund		67,389
	American Funds	American Euro-Pacific Growth Fund		151,913
	American Funds	American Growth Fund of America		489,095
	Artisan Funds	Artisan Mid Cap Value Investor Fund		51,140
	Columbia Funds	Columbia Energy & Natural Resources Fund		26,613
	Columbia Funds	Columbia Large Cap Index Fund		174,274
	Columbia Funds	Columbia Small Cap Value I Fund		300
	Columbia Funds	Columbia Small Cap Index Fund		33,569
	Columbia Funds	Columbia Technology Fund		26,261
	Eaton Vance Funds	Eaton Vance Large Cap Value Fund		183,748
	Fidelity Funds	Fidelity Advisor Leveraged Co Stk Fund		82,109
	Fidelity Funds	Fidelity Advisor Small Cap Fund		28,856
	Janus Orion Funds	Janus Orion Fund		72,439
	American Century Funds	Livestrong Income Portfolio		13,271
	American Century Funds	Livestrong 2015 Portfolio		215,818
	American Century Funds	Livestrong 2025 Portfolio		360,858
	American Century Funds	Livestrong 2035 Portfolio		594,048
	American Century Funds	Livestrong 2045 Portfolio		138,383
	PIMCO Funds	PIMCO Total Return Admin Fund		617,131
*	Bank of America Funds	Stable Asset Fund		279,022
	Participant Loans	Interest Rate Ranging from 4.25% to 9.25%, Secured by Vested Interest in the Plan, Maturing through December 2014		427,505
	TOTAL			$ 4,041,916

* Party-In-Interest

** Participant Directed Investments

See Independent Auditor's Report

INVESTMENT COMPANY UNIT ID: 345345345 NAME: RETIREMENT RESOURCE GROUP
PLAN ID: 060094 NAME: UNISOURCE SOLUTIONS, INC. 401K PLAN

FOR THE CALENDAR PLAN YEAR 2009 OR FISCAL PLAN YEAR BEGINNING 01/01/2009 , AND ENDING 12/31/2009

A NAME OF PLAN
UNISOURCE SOLUTIONS, INC. 401K PLAN

B PLAN NUMBER

C NAME OF PLAN SPONSOR
UNISOURCE SOLUTIONS, INC.

D EMPLOYER IDENTIFICATION NUMBER
95-4117599

PART I - ASSETS AND LIABILITIES

1	(A) BEG OF YEAR	(B) END OF YEAR
B(1) RECEIVABLES-EMPLOYER CONTRIBUTIONS	$ 0.00	$ 0.00
B(2) RECEIVABLES-PARTICIPANT CONTRIBUTIONS	$ 0.00	$ 0.00
B(3) RECEIVABLES-OTHER	$ 0.00	$ 0.00
C(1) INTEREST-BEARING CASH	$ 0.00	$ 0.00
C(2) US GOVERNMENT SECURITIES	$ 0.00	$ 0.00
C(3)(A) CORPORATE DEBT INSTRUMENTS (PREFERRED)	$ 0.00	$ 0.00
C(3)(B) CORPORATE DEBT INSTRUMENTS (ALL OTHER)	$ 0.00	$ 0.00
C(4)(A) CORPORATE STOCKS (PREFERRED)	$ 0.00	$ 0.00
C(4)(B) CORPORATE STOCKS (COMMON)	$ 0.00	$ 0.00
C(5) PARTNERSHIP/JOINT VENTURE INTERESTS	$ 0.00	$ 0.00
C(6) REAL ESTATE	$ 0.00	$ 0.00
C(8) PARTICIPANT LOANS	$ 381,113.00	$ 431,040.00
C(9) VALUE OF INTEREST IN COMMON/COLLECTIVE TRUST	$ 0.00	$ 0.00
C(10) VALUE OF INTEREST IN POOLED SEPERATE ACCNTS	$ 0.00	$ 0.00
C(11)VALUE OF INTRST IN MASTER TRUST INVESTMENTS ACCNTS	$ 0.00	$ 0.00
C(12) VALUE OF INTEREST IN 103-12 INVEST ENTITIES	$ 0.00	$ 0.00
C(13) VALUE OF INTEREST IN REG INVESTMENT CO	$ 2,464,073.00	$ 3,613,259.00
C(14) VALUE OF FUNDS HELD IN INSURANCE CO GENERAL ACCT.	$ 0.00	$ 0.00
C(15) OTHER	$ 0.00	$ 0.00
D(1) EMPLOYER SECURITIES	$ 0.00	$ 0.00
E BUILDINGS AND OTHER PROPERTY USED IN PLAN OPERATIONS.	$ 0.00	$ 0.00
F TOTAL ASSETS (ONLY THOSE LISTED ABOVE)	$ 2,845,186.00	$ 4,044,299.00
L NET ASSETS	$ 2,845,186.00	$ 4,044,299.00

PART II - INCOME AND EXPENSES

2 INCOME		EXPENSES	
A CONTRIBUTIONS		E BENEFIT PAYMENTS	
(1)(A) RECEIVED FROM EMPLOYERS	$ 82,622.00	(1) DIRECTLY TO PARTICIPANTS	$ 248,732.00
(1)(B) RECEIVED FROM PARTICIPANTS	$ 477,548.00	(4) TOTAL BENEFIT PAYMENTS	$ 248,732.00
(1)(C) OTHERS (INCLUDING ROLLOVERS)	$ 94,007.00	F CORRECTIVE DISTRIBUTIONS	$ 7,686.00
(3) TOTAL CONTRIBUTIONS	$ 654,177.00	G CERT DEEMED DISTRIBUTIONS OF PART LOANS	$ 0.00

INVESTMENT COMPANY UNIT ID: 345345345 NAME: RETIREMENT RESOURCE GROUP
PLAN ID: 060094 NAME: UNISOURCE SOLUTIONS, INC. 401K PLAN

FOR THE CALENDAR PLAN YEAR 2009 OR FISCAL PLAN YEAR BEGINNING 01/01/2009 , AND ENDING 12/31/2009

A NAME OF PLAN
UNISOURCE SOLUTIONS, INC. 401K PLAN

B PLAN NUMBER

C NAME OF PLAN SPONSOR
UNISOURCE SOLUTIONS, INC.

D EMPLOYER IDENTIFICATION NUMBER
95-4117599

PART II - INCOME AND EXPENSES

2

INCOME		EXPENSES	
B EARNINGS ON INVESTMENT		I ADMINISTRATIVE EXPENSES	
(1)(A) INTEREST BEARING CASH	$ 0.00	(1) PROFESSIONAL FEES (INS PREMS)	$ 0.00
(1)(B) U.S. GOVERNMENT SECURITIES	$ 0.00	(4) OTHER	
(1)(C) CORPORATE DEBT INSTRUMENTS	$ 0.00	CDSC FEES	$ 0.00
(1)(E) PARTICIPANT LOANS	$ 24,807.00	ADMINISTRATIVE FEES	$ 2,807.00
(1)(F) OTHER (UNALLOCATED CONTRACTS)	$ 0.00	TOTAL OTHER	$ 2,807.00
(1)(G) TOTAL INTEREST	$ 24,807.00	(5) TOTAL ADMINSTRATIVE EXPENSES	$ 2,807.00
(2)(A) DIVIDENDS (PREFERRED STOCK)	$ 0.00	J TOTAL EXPENSES	$ 259,225.00
(2)(B) DIVIDENDS (COMMON STOCK)	$ 0.00		
(2)(C) TOTAL DIVIDENDS	$ 0.00		
(5)(A) UNREALIZED REAL ESTATE APPREC	$ 0.00		
(5)(C) TOTAL UNREALIZED ASSET APPREC	$ 0.00		
(6) NET GAIN/LOSS FROM CCT'S	$ 0.00		
(7) NET GAIN/LOSS FROM PSA'S	$ 0.00		
(8) NET GAIN/LOSS FROM MTIA'S	$ 0.00		
(9) NET GAIN/LOSS FROM 103-12 ENT	$ 0.00		
(10) NET GAIN/LOSS FROM REG INV CO	$ 627,777.00		
C OTHER INCOME	$ 0.00		
D TOTAL INCOME	$ 1,306,761.00		

NET INCOME AND RECONCILLIATION

K NET INCOME/LOSS	$ 1,047,536.00
L TRANSFERS OF ASSETS	
(1) TO THIS PLAN	$ 0.00
(2) FROM THIS PLAN	$ 0.00

INVESTMENT COMPANY UNIT ID: 345345345 NAME: RETIREMENT RESOURCE GROUP
PLAN ID: 060094 NAME: UNISOURCE SOLUTIONS, INC. 401K PLAN

FOR THE CALENDAR PLAN YEAR 2009 OR FISCAL PLAN YEAR BEGINNING 01/01/2009 , AND ENDING 12/31/2009

A NAME OF PLAN
UNISOURCE SOLUTIONS, INC. 401K PLAN

B PLAN NUMBER

C NAME OF PLAN SPONSOR
UNISOURCE SOLUTIONS, INC.

D EMPLOYER IDENTIFICATION NUMBER
95-4117599

PART IV - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

I IDENTITY OF ISSUE	INVESTMENT	SHARES	COST OF ASSET	CURRENT VALUE
EATON VANCE LARGE CAP VALUE FD-A	EXTMF	10,976.5826	$ 7,030.83	$ 183,747.99
AMERICAN FUNDS EUROPACIFIC-R3	EXTMF	4,031.6521	$ 5,758.82	$ 151,912.60
AMERICAN FNDS GRWTH FD OF AM-R3	EXTMF	18,161.7206	$ 13,652.03	$ 489,095.09
COLUMBIA LARGE CAP INDEX-Z	EXTMF	8,101.9841	$ 6,095.76	$ 174,273.65
AMERICAN FUNDS CAP WLD GR&INC-R3	EXTMF	1,987.2834	$ 1,961.31	$ 67,388.79
FIDELITY ADVISOR LEVERGD CO SK-T	EXTMF	3,009.8450	$ 2,559.19	$ 82,108.59
FIDELITY ADVISOR SMALL CAP-T	EXTMF	1,348.4324	$ 2,194.82	$ 28,856.46
JANUS ORION FUND T	EXTMF	7,251.1639	$ 2,114.46	$ 72,439.12
PIMCO TOTAL RETURN ADMIN	EXTMF	57,141.7261	$ 22,762.07	$ 617,130.62
AIM REAL ESTATE-R	EXTMF	459.7589	$ 265.94	$ 8,174.50
AMERICAN CENTURY LIVESTRONG INV	EXTMF	1,313.9663	$ 601.38	$ 13,271.05
ARTISAN MID CAP VALUE	EXTMF	2,844.2884	$ 1,782.87	$ 51,140.32
COLUMBIA SMALL CAP INDEX FUND-Z	EXTMF	2,413.2830	$ 1,169.25	$ 33,568.76
COLUMBIA SMALL CAP VALUE I-Z	EXTMF	7.9336	$ 103.69	$ 299.97
COLUMBIA TECHNOLOGY-Z	EXTMF	2,960.6921	$ 675.50	$ 26,261.35
COLUMBIA ENERGY & NAT RES-Z	EXTMF	1,344.7574	$ 908.23	$ 26,612.76
AM CENT LIVESTRONG 2015 INV	EXTMF	20,554.0968	$ 8,457.31	$ 215,818.04
AM CENT LIVESTRONG 2025 INV	EXTMF	34,237.0276	$ 14,629.88	$ 360,858.28
AM CENT LIVESTRONG 2035 INV	EXTMF	55,518.5327	$ 20,264.84	$ 594,048.30
AM CENT LIVESTRONG 2045 INV	EXTMF	13,005.9595	$ 7,576.66	$ 138,383.43
STABLE ASSET FUND	EXTMF	26,311.9700	$ 12,057.75	$ 263,119.70
PARTICIPANT LOANS	LOW-HIGH INTEREST RATE	4.25% - 9.25%		
	MATURITY DATE	11/30/2014		
	CURRENT VALUE	$ 431,040.43		

SCHEDULE OF INVESTMENT ASSETS BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR

IDENTITY OF ISSUE	INVESTMENT	SHARES	COST OF ACQUISTIONS	PROCEEDS OF DISPOSITIONS
PARTICIPANT LOANS	LOW-HIGH INTEREST RATE	5.00% - 5.25%		
	MATURITY DATE	10/05/2008		
	CURRENT VALUE	$ 0.00		

TOTAL DOLLAR AMOUNT VARIANCE OF $72,991.57- ADDED TO