

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a single-employer plan; ☒ a multiple-employer plan; or ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>333</u> 1c Effective date of plan <u>04/01/2004</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SYNERGETIC, INC.</u> <u>10 WOODCROSS DRIVE</u> <u>COLUMBIA, SC 29212</u>	2b Employer Identification Number (EIN) <u>27-0080966</u> 2c Sponsor's telephone number <u>803-750-7041</u> 2d Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2010</u>	<u>EMMETT SCULLY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SYNERGETIC, INC. 10 WOODCROSS DRIVE COLUMBIA, SC 29212	3b Administrator's EIN 27-0080966 3c Administrator's telephone number 803-750-7041
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	715
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	538
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	112
d Subtotal. Add lines 6a , 6b , and 6c	6d	650
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	650
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	445
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNERGETIC, INC.	D Employer Identification Number (EIN) 27-0080966

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☒ No

b

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

(b)

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

(b)

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

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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)

SLAVIC INTEGRATED ADMINISTRATION

1075 BROKEN SOUND PARKWAY NW
STE 100
BOCA RATON, FL 33487

65-0608221

(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 26 27 37 38 50	TPA	92816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

1075 BROKEN SOUND PARKWAY NW
STE 100
BOCA RATON, FL 33487

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	MANAGED ACC FEE	9555	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
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(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 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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNERGETIC, INC.	D Employer Identification Number (EIN) 27-0080966	

Part I	Asset and Liability Statement
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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)	257782	359815
(2) Participant contributions	1b(2)	81560	109371
(3) Other.....	1b(3)	4490	11052
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)	292806	483705
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8508733	11368595
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9145371	12332538

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9145371	12332538
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	832610	
(B) Participants	2a(1)(B)	1278591	
(C) Others (including rollovers)	2a(1)(C)	499	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2111700

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)	20938	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20938

(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)	209234	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		209234

(3) Rents	2b(3)		
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(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1698301
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4040173

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	745868	
(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)		745868
f Corrective distributions (see instructions)	2f		4767
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	92816	
(3) Investment advisory and management fees	2i(3)	9555	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		102371
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		853006

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3187167
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: J. ROBIN HAYNES, CPA

(2) EIN: 56-2310359

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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 <u>SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNERGETIC, INC.</u>	D Employer Identification Number (EIN) <u>27-0080966</u>

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	<u>0</u>
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): <u>65-0708495</u>		
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 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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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): _____

SYNERGETIC, INC.
401(K) RETIREMENT SAVINGS PLAN
AUDITED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2009 AND 2008

J. Robin Haynes
Certified Public Accountant
Post Office Box 1335
Lexington, SC 29071

SYNERGETIC, INC. 401(K) RETIREMENT SAVINGS PLAN
AUDITED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2009 AND 2008

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J. Robin Haynes
Certified Public Accountant

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Synergetic, Inc. 401(k) Retirement Savings Plan
Columbia, South Carolina

We have audited the accompanying statements of net assets available for benefits of the Synergetic, Inc. 401(k) Retirement Savings Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Synergetic, Inc. 401(k) Retirement Savings Plan as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held as of December 31, 2009 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Lexington, South Carolina
September 17, 2010

Synergetic, Inc. 401(k) Retirement Savings Plan

Statements of Net Assets Available for Benefits As of December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments	\$ 11,368,595	\$ 8,508,733
Receivables:		
Employers' contributions	359,815	257,782
Participants' contributions	109,371	81,560
Other contributions	<u>11,052</u>	<u>4,490</u>
Total contributions receivable	<u>480,238</u>	<u>343,832</u>
Participant Loans	483,705	292,806
Total assets	<u>12,332,538</u>	<u>9,145,371</u>
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 12,332,538</u></u>	<u><u>\$ 9,145,371</u></u>

See independent auditor's report and accompanying notes.

Synergetic, Inc. 401(k) Retirement Savings Plan

Statements of Changes In Net Assets Available for Benefits For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Net (depreciation) appreciation in fair value of investments	\$ 1,907,535	\$ (2,862,779)
Interest on participant loans	20,938	19,947
Total investment income	<u>1,928,473</u>	<u>(2,842,832)</u>
Contributions:		
Participant	1,278,591	1,303,282
Employer	832,610	711,945
Other	499	72,842
Total contributions	<u>2,111,700</u>	<u>2,088,069</u>
 Total (subtractions) additions	 <u>4,040,173</u>	 <u>(754,763)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	745,868	120,773
Administrator fees	102,371	102,524
Corrective distributions	<u>4,767</u>	<u>36,313</u>
Total deductions	<u>853,006</u>	<u>259,610</u>
Net (decrease) increase	3,187,167	(1,014,373)
Net assets available for benefits – beginning of year	9,145,371	10,419,553
Transfers-out	-	(259,809)
Transfers-in	<u>-</u>	<u>-</u>
Net assets available for benefits – end of year	<u><u>\$ 12,332,538</u></u>	<u><u>\$ 9,145,371</u></u>

See independent auditor's report and accompanying notes.

Synergetic, Inc. 401(k) Retirement Savings Plan
Notes To Financial Statements
For the Years Ended December 31, 2009 and 2008

NOTE A—DESCRIPTION OF PLAN

The following description of the Synergetic, Inc. 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a multiple employer defined contribution plan. As of December 31, 2009, the following employers participated in the Plan: American Metal Solutions, Inc., Capitol Bus Lines, Inc.; Cherokee Kenworth, Inc.; Cherokee Trail/Lake Murray Veterinary; City Center Partnership; Clinical Specialties, LLC; Easlan Management Co., Inc.; Hawthorne Laurel Pharmacy, Inc.; Long's Drugs of South Carolina; Low Country Home Oxygen; McCall Capital, LLC; Mid Carolina Steel & Recycling, Inc.; Mobley Drugs, Inc., Mt. Valley Construction Co., Inc.; Palmetto Long Term Care Pharmacy, Synergetic, Inc.; The Fitts Company; Union Family Pharmacy; and Veterinary Medical Logistics, LLC.

Further information about the Plan, including eligibility, vesting, contributions, and withdrawals, is contained in the Summary Plan Description. Copies of this Summary Plan Description are available from Synergetic, Inc. personnel.

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan as of year-end. Participant loans are valued at their outstanding balances, which approximate fair values of year-end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits: Benefits are recorded when paid.

Participant loans: Employees may borrow against their deferred balances, subject to certain restrictions, with interest charged at market rates as defined in the Plan. At December 31, 2009 and 2008, there were loans to participants which totaled \$483,705 and \$292,806, respectively.

Synergetic, Inc. 401(k) Retirement Savings Plan
Notes To Financial Statements
For the Years Ended December 31, 2009 and 2008

NOTE C—FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

As of December 31, 2009	Fair value	(Level 1) Quoted Prices in Active Markets for Identified Assets	(Level 3) Significant Unobservable Inputs
Mutual Funds	\$ 11,368,595	\$ 11,368,595	
Participant Loans	483,705		483,705
Totals	<u>\$ 11,852,300</u>	<u>\$ 11,368,595</u>	<u>\$ 483,705</u>

Statement of Financial Accounting Standard No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds and the U.S. Government Securities is based on quoted net asset values of the shares or units held by the Plan at year-end.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs were not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are collateralized by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements:

	<u>Participant Loans</u>
Beginning balance, as of December 31, 2008	\$ 292,806
Purchases, sales, issuances, and settlements (net)	<u>190,899</u>
Ending balance, as of December 31, 2009	<u>\$ 483,705</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in net appreciation (reduction) in fair value of investments.

Synergetic, Inc. 401(k) Retirement Savings Plan
Notes To Financial Statements
For the Years Ended December 31, 2009 and 2008

NOTE D—INVESTMENTS

All Plan assets are in mutual funds and are participant-directed. There are no related party transactions or balances. The following presents investments as of December 31, 2009 and 2008 that represent five percent or more of the Plan's net assets:

	December 31, 2009	
	Shares	Fair Value
Vanguard REIT Index	39,651.74	\$ 588,432
Vanguard Money Market Prime	1,505,557.61	1,505,551
Vanguard Short-Term Fed	180,773.57	1,939,700
Vanguard Total Stock Market Index	52,199.45	1,432,880

	December 31, 2008	
	Shares	Fair Value
Fidelity Advisor Int'l Discovery A	16,773.07	\$ 394,516
Vanguard Money Market Prime	1,508,645.00	1,508,645
Vanguard Short-Term Fed	137,803.77	1,497,927
Vanguard Total Stock Market Index	44,940.98	980,247

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,859,862 during 2009 and depreciated in value by \$2,862,779 during 2008.

NOTE E—TAX STATUS

The Internal Revenue Service has determined and informed the Plan administrator by letter that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Supplemental Schedule

Identity of Issue	Market Value
American Century Large Co. Value	\$ 86,043
Bridgeway Ultra-Small Company Mkt	9,476
Dreyfus Appreciation	9,324
Fidelity Advisor Int'l Discovery A	511,524
Fidelity Advisor Diversified Int'l A	165,752
Fidelity Advisor Midcap	43,264
Janus Growth & Income	49,130
Perkins Mid Cap Value	150,702
Neuberger Berman Partners Adv	48,345
T. Rowe Price Science & Technology	93,599
Highmark NYSE Arca Tech 100 Index A	240
T. Rowe Price New Asia	272,253
T. Rowe Price New Era	423,787
American Growth Fund Of America CI R4	103,089
American Funds New Perspective	10,415
American Capital World Growth & Inc R4	297,520
SSgA S&P Index 500	95,719
Third Avenue Value	55,522
TCW Galileo Value Opportunities I	83,048
T. Rowe Price Value	140,115
Vanguard Intermediate-Term Bond Index	42,290
Vanguard Short-Term Bond Index	19,080
Vanguard Total Bond Index	183,096
Vanguard Health Care	128,152
Vanguard REIT Index	588,432
Vanguard Mid Cap Index	124,251
Vanguard Inflation Protected Secs	227,160
Vanguard Small Cap Growth Index	51,970
Vanguard Money Market Prime	1,505,551
Vanguard Short-Term Fed	1,939,700
Vanguard Total Stock Market Index	1,432,880
DWS Balanced Fund-A Total	1,977
DWS Blue Chip Fund-A Total	479,353
DWS Blue Chip Fund-B Total	19,509
DWS Capital Growth Fund-A Total	33,608
DWS Capital Growth Fund-B Total	338
DWS Cash Investment Trust-A Total	6,389
DWS Cash Investment Trust-B Total	7,424
DWS Core Plus Income Fund-A Total	18,222
DWS Core Plus Income Fund-B Total	636

DWS Dreman Small Cap Value-A Total	102,609
DWS Dreman Small Cap Value-B Total	9,767
DWS Europe Equity Fund-A Total	2,802
DWS Global Bond Fund-A Total	1,617
DWS Global Opportunities-A Total	482,024
DWS Global Opportunities-B Total	17,774
DWS Global Thematic Fund-A Total	70,719
DWS Global Thematic Fund-B Total	1,332
DWS High Income Fund-A Total	5,463
DWS International Fund-A Total	4,573
DWS International Fund-B Total	251
DWS Large Cap Value Fund-A Total	479,346
DWS Large Cap Value Fund-B Total	17,664
DWS Lifecompass 2020 Fund - A Total	17,249
DWS Mid Cap Growth Fund-A Total	27,626
DWS Mid Cap Growth Fund-B Total	1,827
DWS Money Mkt Prime Sseries MMKT - A Total	19,261
DWS Short Duration Plus Fund - B Total	12,391
DWS Short Duration Plus Fund-A Total	290,121
DWS Small Cap Growth Fund-A Total	9,204
DWS Strategic Govt Securities - A Total	81,120
DWS Strategic Govt Securities - B Total	3,472
DWS Strategic Income Fund-A Total	3,604
DWS Strategic Value Fund - A Total	46,408
DWS Strategic Value Fund - B Total	1,414
DWS Technology Fund-A Total	191,961
DWS Technology Fund-B Total	8,111
Grand Total	\$ 11,368,595

Due to the nature of the investment in mutual funds, the maturity date, rate of interest, collateral, par and costs are not applicable.

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

Synergetic, Inc. 401(k) Retirement Savings Plan

EIN #: 27-0080966

(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
	American Century Funds	ALPAX - American Century Large Co_ Value		86043.37
	Bridgeway Funds	BRSIX - Bridgeway Ultra-Small Company Mkt		9476.08
	Dreyfus Funds	DGAGX - Dreyfus Appreciation		9323.67
	Fidelity Funds	FAIDX - Fidelity Advisor Int'l Discovery A		511523.62
	Fidelity Funds	FDVAX - Fidelity Advisor Diversified Int'l A		165752.16
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		43263.49
	Janus Funds	JAGIX - Janus Growth & Income		49129.63
	Janus Funds	JMCVX - Perkins Mid Cap Value		150702.27
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Partners Adv		48345.28
	T Rowe Price Funds	PASTX - T_ Rowe Price Science & Technology		93598.6
	North Track Funds	PPTIX - Highmark NYSE Arca Tech 100 Index A		240.26
	T Rowe Price Funds	PRASX - T_ Rowe Price New Asia		272253.35
	T Rowe Price Funds	PRNEX - T_ Rowe Price New Era		423786.44
	American funds	RGAEX - American Growth Fund Of America CI R4		103088.95
	American funds	RNPEX - American Funds New Perspective		10415.4
	American funds	RWIEX - American Captial World Growth & Inc R4		297519.79
	SSga Funds	SVSPX - SSgA S&P Index 500		95719.03
	Third Avenue Funds	TAVFX - Third Avenue Value		55521.88
	TCW Galileo Funds	TGVOX - TCW Galileo Value Opportunities I		83047.53
	T Rowe Price Funds	TRVLX - T_ Rowe Price Value		140114.83
	Vanguard Funds	VBIIIX - Vanguard Intermediate-Term Bond Index		42290.16
	Vanguard Funds	VBISX - Vanguard Short-Term Bond Index		19079.92
	Vanguard Funds	VBMFX - Vanguard Total Bond Index		183095.85
	Vanguard Funds	VGHCX - Vanguard Health Care		128152
	Vanguard Funds	VGSIX - Vanguard REIT Index		588432.63
	Vanguard Funds	VIMSX - Vanguard Mid Cap Index		124251.44
	Vanguard Funds	VIPSX - Vanguard Inflation Protected Secs		227160.48
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		51970.12

	Vanguard Funds	VMMXX - Vanguard Money Market Prime		1505551.04
	Vanguard Funds	VSGBX - Vanguard Short-Term Fed		1939700.42
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		1432879.46
	DWS Funds	DWS BALANCED FUND-A Total		1,977.16
	DWS Funds	DWS BLUE CHIP FUND-A Total		479,353.24
	DWS Funds	DWS BLUE CHIP FUND-B Total		19,509.11
	DWS Funds	DWS CAPITAL GROWTH FUND-A Total		33,607.72
	DWS Funds	DWS CAPITAL GROWTH FUND-B Total		338.33
	DWS Funds	DWS CASH INVESTMENT TRUST-A Total		6,389.10
	DWS Funds	DWS CASH INVESTMENT TRUST-B Total		7,423.95
	DWS Funds	DWS CORE PLUS INCOME FUND-A Total		18,221.62
	DWS Funds	DWS CORE PLUS INCOME FUND-B Total		636.00
	DWS Funds	DWS DREMAN SMALL CAP VALUE-A Total		102,609.31
	DWS Funds	DWS DREMAN SMALL CAP VALUE-B Total		9,767.15
	DWS Funds	DWS EUROPE EQUITY FUND-A Total		2,801.58
	DWS Funds	DWS GLOBAL BOND FUND-A Total		1,616.84
	DWS Funds	DWS GLOBAL OPPORTUNITIES-A Total		482,024.48
	DWS Funds	DWS GLOBAL OPPORTUNITIES-B Total		17,773.90
	DWS Funds	DWS GLOBAL THEMATIC FUND-A Total		70,718.81
	DWS Funds	DWS GLOBAL THEMATIC FUND-B Total		1,331.71
	DWS Funds	DWS HIGH INCOME FUND-A Total		5,462.95
	DWS Funds	DWS INTERNATIONAL FUND-A Total		4,572.50
	DWS Funds	DWS INTERNATIONAL FUND-B Total		250.74
	DWS Funds	DWS LARGE CAP VALUE FUND-A Total		479,346.21
	DWS Funds	DWS LARGE CAP VALUE FUND-B Total		17,664.03
	DWS Funds	DWS LIFECOMPASS 2020 FUND - A Total		17,249.35
	DWS Funds	DWS MID CAP GROWTH FUND-A Total		27,625.89
	DWS Funds	DWS MID CAP GROWTH FUND-B Total		1,826.54
	DWS Funds	DWS MONEY MKT PRIME SERIES MMKT - A Total		19,261.47
	DWS Funds	DWS SHORT DURATION PLUS FUND - B Total		12,390.97
	DWS Funds	DWS SHORT DURATION PLUS FUND-A Total		290,121.43
	DWS Funds	DWS SMALL CAP GROWTH FUND-A Total		9,204.10
	DWS Funds	DWS STRATEGIC GOVT SECURITIES - A Total		81,119.69
	DWS Funds	DWS STRATEGIC GOVT SECURITIES - B Total		3,471.81
	DWS Funds	DWS STRATEGIC INCOME FUND-A Total		3,604.14
	DWS Funds	DWS STRATEGIC VALUE FUND - A Total		46,408.42

	DWS Funds	DWS STRATEGIC VALUE FUND - B Total		1,413.96
	DWS Funds	DWS TECHNOLOGY FUND-A Total		191,960.60
	DWS Funds	DWS TECHNOLOGY FUND-B Total		8,110.60
	Participant Loans	4.25% - 9.25%		483,705