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
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
VISIONARY INTEGRATION PROFESSIONALS, LLC

80 IRON POINT CIRCLE SUITE 100
FOLSOM, CA 95630

2b Employer Identification Number (EIN)
20-2969301

2c Sponsor's telephone number
916-985-9625

2d Business code (see instructions)
541519

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	MELANIE TOPP
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
VISIONARY INTEGRATION PROFESSIONALS, LLC

80 IRON POINT CIRCLE SUITE 100
FOLSOM, CA 95630

3b Administrator's EIN
20-2969301

3c Administrator's telephone number
916-985-9625

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**	678
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**	443
b	Retired or separated participants receiving benefits	**6b**	16
c	Other retired or separated participants entitled to future benefits	**6c**	157
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	616
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	616
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	423
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	209
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:
3D 2E 2J 2K 2F 2G 2T 2S

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)	X	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)	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)		___	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

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

A Name of plan	B Three-digit plan number (PN) ▶	
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
VISIONARY INTEGRATION PROFESSIONALS, LLC	20-2969301

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

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

(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)

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95-1411037

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72 37	RECORDKEEPER	594	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 ☐

(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

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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

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

A Name of plan
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONARY INTEGRATION PROFESSIONALS, LLC

D Employer Identification Number (EIN)
20-2969301

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	773678	1574815
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	231130	260270
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7973919	13697819
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	8978727	15532904
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	8978727	15532904

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)	565426	
(B) Participants	2a(1)(B)	2246642	
(C) Others (including rollovers)	2a(1)(C)	254374	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3066442
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10689	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10725
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	285365	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		285365
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2730850
c Other income	2c		14339
d Total income. Add all **income** amounts in column (b) and enter total	2d		6107721
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2052290	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2052290
f Corrective distributions (see instructions)	2f		212722
g Certain deemed distributions of participant loans (see instructions)	2g		60192
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	594	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		594
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2325798
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3781923
l Transfers of assets:			
(1) To this plan	2l(1)		2772254
(2) From this plan	2l(2)		0

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: PERRY SMITH, LLP (2) EIN: 68-0041802

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
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONARY INTEGRATION PROFESSIONALS, LLC

D Employer Identification Number (EIN)
20-2969301

Part I Distributions

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

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

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

EIN(s): 20-3691658

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):

VISIONARY INTEGRATION PROFESSIONALS, LLC

401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2009 AND 2008 AND

FOR THE YEAR ENDED DECEMBER 31, 2009

AND

SUPPLEMENTAL SCHEDULE

AS OF DECEMBER 31, 2009

AND

INDEPENDENT AUDITOR'S REPORT

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

PERRY-SMITH
THE POWER OF CONFIDENCE

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Visionary Integration Professionals, LLC
401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan (the "Plan"), as of and for the years ended December 31, 2009 and 2008, 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 United States 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 Capital Bank and Trust, the Trustee and 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 the Trustee and Custodian holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the Trustee and Custodian regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the Trustee and Custodian as of and for the year ended December 31, 2009 and as of December 31, 2008.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee and 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Perry-Smith LLP

September 29, 2010

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments at fair value (Notes 3 and 4):		
Mutual funds	$ 15,272,634	$ 8,747,597
Participant loans	260,270	231,130
Total investments	15,532,904	8,978,727
Receivables:		
Employer contributions	167,269	166,379
Participant contributions	65,421	78,493
Other receivables (Note 7)		2,811,881
Total receivables	232,690	3,056,753
Total assets	15,765,594	12,035,480
LIABILITIES		
Corrective distributions		25,722
Net assets available for benefits	$ 15,765,594	$ 12,009,758

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

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2009

ADDITIONS	
Investment income (Notes 3 and 4):	
Net appreciation in fair value of investments	$ 2,740,688
Interest and dividends	285,404
Interest from participant loans	12,918
Total investment income	3,039,010
Contributions:	
Participant	2,202,363
Employer	577,394
Rollover	254,374
Other	2,667
Total contributions	3,036,798
Total additions	6,075,808
DEDUCTIONS	
Benefits paid to participants	2,319,972
Net increase	3,755,836
Net assets available for benefits:	
Beginning of year	12,009,758
End of year	$ 15,765,594

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

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a more complete description of the Plan's provisions.

General

Visionary Integration Professionals, Inc., the original Plan Sponsor, established the Plan effective January 1, 1997. Visionary Integration Professionals, LLC became the Plan Sponsor during the 2005 Plan Year. The Plan is a defined contribution plan covering all eligible employees of Visionary Integration Professionals Inc. and Visionary Integration Professionals, LLC (the "Company"). The Trustees of the Plan are responsible for administration and management of the Plan. All investments in the Plan are participant directed. Capitol Bank and Trust serves as Trustee and Custodian for the Plan. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Meridian Knowledge Solutions, LLC Profit Sharing Plan (Meridian Plan) was merged into the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan during 2007. All participants in the Meridian Plan were credited with prior years of service, and participants' accounts in the Meridian Plan transferred at the same vested percentage in effect at the time of the transfer.

On October 28, 2008, the merger of the MyITgroup, LLC 401(k) Plan (MyITgroup Plan) into the Visionary Integration Professionals 401(k) Profit Sharing Plan was approved effective December 31, 2008 (Note 7). Participants' accounts in the MyITgroup, LLC 401(k) Plan transferred at the same vested percentage in effect at the time of the transfer. Former participants of the MyITgroup Plan became eligible to participate in the Plan effective January 1, 2009 and will be eligible for employer contributions after one year of additional service as participants were not credited with prior years service.

Eligibility

Under the Plan, all employees of the Company are eligible to participate in the Plan on the first day following their hire and attaining age eighteen. Participants are eligible for employer matching and discretionary contributions on the first day of the quarter following completion of one year of service and attaining age eighteen.

1. DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their own contributions plus actual earnings therein. For employees of Visionary Integration Professionals, LLC and Visionary Integration Professionals, Inc., employer matching and discretionary contributions vest over a five-year period according to the following schedule:

Years	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

For former employees of Cornerstone Consulting, Inc., employer contributions made prior to January 1, 2006 become 100% vested after two years of service. All current and future employer contributions for former employees of Meridian Knowledge Solutions, Inc. will be 100% vested. These contributions will continue to be 100% vested in the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan. All other future employer contributions will vest according to the above schedule.

Upon termination due to death, disability or normal retirement, a participant becomes 100% vested in all employer matching and discretionary contributions.

Contributions

Each year, participants may make salary deferral contributions in any percentage of their pretax annual compensation, as defined in the Plan, subject to certain IRC limitations. The Company may make a discretionary matching contribution equal to 50% of the participant's elective deferral, limited to the first 8% of compensation deferred. The Company may also make other discretionary employer contributions to eligible participants employed on the last day of the Plan year with at least 1,000 hours of service. During 2009 and 2008, the Company's discretionary matching contribution totaled $577,394 and $585,380, respectively; however, no other discretionary contributions were made. Company contributions are subject to certain IRC limitations. Participants may also contribute amounts representing pre-tax distributions from other qualified plans.

Effective August 1, 2009, the Plan was amended to include an automatic enrollment feature in which employees are automatically enrolled at a salary deferral rate of four percent of their compensation if they do not opt out of the Plan or choose a different salary deferral percentage in the manner prescribed by the Plan Administrator. Employees will be automatically enrolled in the Plan upon reaching eligibility.

1. DESCRIPTION OF PLAN (Continued)

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, allocation of the Company's discretionary matching and other discretionary contributions, allocations of forfeitures and Plan earnings, and charged with withdrawals, allocations of Plan losses, and administrative expenses. Allocations are based on participant earnings, or account balances, as defined.

Employer matching contributions are allocated to participants accounts on a quarterly basis. Employer discretionary contributions are allocated to participant accounts when contributed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant's Investment Options

Participants direct all of their contributions into various investment options offered by the Plan. Participants may change their investment options without restriction.

Participant Loans

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years, or longer for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. Loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 8.75%, which are commensurate with local prevailing rates at the time the funds are borrowed, and mature on dates through 2023.

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, a participant or beneficiary may receive a lump-sun amount equal to the value of the participant's vested interest in his or her account. Participants may also receive in-service distributions on account of hardship or after attaining normal retirement age (age 59 ½). Participants who are still employed and have reached age 70 ½ may defer receiving benefit payments until they are no longer employed. As of December 31, 2009 and 2008, there were no benefits payable to participants that have elected to withdraw from the Plan but have not yet been paid.

Terminated participants whose vested account balance is less than $1,000 on the cash-out date automatically receive a lump sum distribution. Terminated participants whose vested account balance is greater than $1,000, but less than $5,000 on the cash-out date and distribution instructions are not provided, are rolled over to an individual retirement account (IRA) established in the participant's name.

1. DESCRIPTION OF PLAN (Continued)

Forfeitures

Forfeitures from the nonvested portion of terminated employees' account balances are first used to pay Plan expenses for the Plan year in which the forfeitures are to be allocated. Any remaining forfeitures are used to reduce employer matching and discretionary contributions, and are allocated to remaining participants in the same manner as described above. At December 31, 2009 and 2008, forfeited nonvested accounts totaled $6,374 and $10,810, respectively.

Administrative Expenses

Certain administrative expenses are paid by the Plan. The Company provides other administrative services for the Plan at no charge.

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 of Plan termination, participants will become fully vested in their accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. Quoted market prices as of the last business day of the Plan year are used to value the investments. Participant loans are valued at their outstanding loan balances. See Note 4 for discussion of fair value measurements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes net unrealized market appreciation (depreciation) of investments and net realized gains and losses on the sale of investments during the period.

Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds. 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 the amounts reported in the financial statements.

Payment of Benefits

Benefits are recorded when paid.

Adoption of New Accounting Standards

FASB Accounting Standards Codification™

In June 2009, the Plan adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 105-10, *Accounting Standards Codification™*. ASC 105-10 establishes the *FASB Accounting Standards Codification™* (Codification) as the single source of authoritative U.S. generally accepted accounting principles (U.S. GAAP) recognized by the FASB to be applied by nongovernmental entities. The adoption of this update did not have a material impact on the Plan's financial position or results of operations.

Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly

In April 2009, the Plan adopted FASB ASC 820-65, *Fair Value Measurements*, which provides additional guidance for estimating fair value in accordance with ASC 820-10 when the volume and level of activity for the asset or liability have decreased significantly. ASC 820-65 also provides guidance on identifying circumstances that indicate a transaction is not orderly. The adoption of ASC 820-65 did not have a significant impact on the Plan's financial position or results of operations.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Adoption of New Accounting Standards (Continued)

Subsequent Events

In July 2009, the Plan adopted FASB ASC 855-10, *Subsequent Events*, which establishes general standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued, or available to be issued in the case of non-public entities. ASC 855-10 requires entities to recognize in the financial statements the effect of all events or transactions that provide additional evidence of conditions that existed at the balance sheet date, including the estimates inherent in the financial statement preparation process. ASC 855-10 also requires non-public entities to disclose the date through which subsequent events should be evaluated.

The adoption of this update did not have a material impact on the Plan's financial statements or results of operations. Management has evaluated subsequent events through September 29, 2010, the date on which the financial statements were issued.

Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements

The FASB has issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements*. This ASU requires new disclosures and clarifies existing disclosure requirements about fair value measurement. The FASB's objective is to improve these disclosures and, thus, increase the transparency in financial reporting. Specifically, ASU 2010-06 amends Codification Subtopic 820-10 to now require:

- A reporting entity should disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements and describe the reasons for the transfers; and

- In the reconciliation for Level 3 fair value measurements, a reporting entity should present separately information about purchases, sales, issuances and settlements.

In addition, ASU 2010-06 clarifies the requirements of the following existing disclosures:

- For purposes of reporting fair value measurement for each class of assets and liabilities, a reporting entity needs to use judgment in determining the appropriate classes of assets and liabilities; and

- A reporting entity should provide disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Adoption of New Accounting Standards (Continued)

Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements (Continued)

ASU 2010-06 is effective for annual reporting periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances and settlements in the roll forward of activity in Level 3 fair value measurements. Those disclosures are effective for fiscal years beginning after December 15, 2010. Early application is permitted. The Plan adopted ASU 2010-06 for the 2009 Plan year. The adoption of this update did not have a material impact on the Plan's financial position or results of operations.

Reclassifications

Certain prior year balances have been reclassified to conform to the current year presentation.

3. INVESTMENT INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIAN (UNAUDITED)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by Capitol Bank and Trust, the Trustee and Custodian of the Plan's assets and was not subjected to any auditing procedures except for comparing such information to information included in the Plan's financial statements and supplemental schedule.

3. INVESTMENT INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIAN (UNAUDITED) (Continued)

The following table presents the fair value of the investments that were certified by Capital Bank and Trust for the years ended December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008 are separately identified.

	December 31,	
	2009	2008
Investments at fair value:		
Mutual funds – Class R:		
American Funds Income Fund of America - R3	$ 2,465,293	$ 512,740
American Funds New Perspective Fund R3	2,036,832	1,325,937
American Funds EuroPacific Growth Fund R3	1,911,563	1,018,607
American Funds Fundamental Investors – R3	1,834,538	797,472
American Funds Growth Fund of America R3	1,769,269	1,065,781
American Funds Money Market Fund R3	1,574,815	
American Funds Washington Mutual Fund – R3	1,336,059	563,120
PIMCO Total Return Fund R	1,059,468	
American Funds American Balanced Fund R3		863,609
American Funds Cash Management Trust of America – R3		773,678
Other investments	1,284,797	1,826,653
Total mutual funds	15,272,634	8,747,597
Other investments:		
Participant loans	260,270	231,130
Total certified investments	$ 15,532,904	$ 8,978,727

Capital Bank and Trust also certified the completeness and accuracy of $2,740,688 of net appreciation and $298,322 of interest and dividends for the year ended December 31, 2009 and all investment balances and information included in the supplemental schedule.

During 2009, the Plan's investments appreciated in value by $2,740,688, which was attributable to shares of registered investment companies.

4. FAIR VALUE MEASUREMENTS

Fair Value Hierarchy

The Plan groups its assets and liabilities measured at fair value within three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. Valuations within these levels are based upon:

Level 1 – Quoted market prices for identical instruments traded in active exchange markets.

Level 2 – Quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable or can be corroborated by observable market data.

Level 3 – Model-based techniques that use at least one significant assumption not observable in the market. These unobservable assumptions reflect the Plan's estimates of assumptions that market participants would use on pricing the asset or liability. Valuation techniques include management judgment and estimation which may be significant.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the level in the fair value hierarchy within which the fair value measurement in its entirety falls has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the asset or liability.

Assets Recorded at Fair Value

There were no changes in the valuation techniques used during 2009. The following table presents information about the Plan's assets and liabilities measured at fair value on a recurring basis as of December 31, 2009 and 2008:

The Plan is required or permitted to record the following assets at fair value on a recurring basis under other accounting pronouncements:

	December 31, 2009			
Description	Fair Value	Level 1	Level 2	Level 3
Mutual Funds	$ 15,272,634	$ 15,272,634		
Participant loans	260,270			$ 260,270
	$ 15,532,904	$ 15,272,634	$ -	$ 260,270

4. FAIR VALUE MEASUREMENTS (Continued)

Assets Recorded at Fair Value (Continued)

	December 31, 2008			
Description	Fair Value	Level 1	Level 2	Level 3
Mutual Funds	$ 8,747,597	$ 8,747,597		
Participant loans	231,130			$ 231,130
	$ 8,978,727	$ 8,747,597	$ -	$ 231,130

Fair values for mutual funds are based on quoted market prices in active markets for identical assets that the Plan has the ability to access at the measurement date.

Fair values for participant loans are represented by the loan's book value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator 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 following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009.

	Participant Loans
Balance, beginning of year	$ 231,130
Loan advances	86,878
Loan repayments	(95,902)
Distributions	(62,984)
Transfers	87,667
Interest	13,481
Balance, end of year	$ 260,270

There were no gains or losses on Level 3 investments included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009.

The Plan did not have any assets or liabilities measured at fair value on a non-recurring basis at December 31, 2009 or 2008.

5. FEDERAL INCOME TAX STATUS

Effective January 1, 1997, the Plan adopted a non standardized form of a prototype plan sponsored by American Funds. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified tax status. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the provisions of the Internal Revenue Code.

6. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by American Funds. Capitol Bank and Trust is the Trustee and Custodian as defined by the Plan and is a division of American Funds; therefore, these transactions qualify as 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.

The Plan issues loans to participants, which are secured by the balances in the participant's accounts. These transactions qualify as party-in-interest transactions.

7. PLAN MERGER

The MyITgroup Plan merged into the Plan effective December 31, 2008. Net assets of $2,811,881 were transferred out of the MyITgroup Plan on December 31, 2008. The transfer of assets from the MyITgroup Plan has been recorded as a Plan receivable at December 31, 2008. The majority of the assets were deposited into the Plan on January 2, 2009.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 15,765,594	$ 12,009,758
Plus:		
Excess contributions payable		25,722
Less:		
Employer contributions receivable	(167,269)	(166,379)
Participant contributions receivable	(65,421)	(78,493)
Other receivable		(2,811,881)
Net assets available for benefits per Form 5500	$ 15,532,904	$ 8,978,727

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2009 to Form 5500:

	2009
Participant contributions per the financial statements	$ 2,202,363
Plus:	
Participant contributions receivable as of December 31, 2008	78,493
Participant contributions from the MyITgroup, LLC 401(k) Plan receivable included in other receivables at December 31, 2008	31,207
Less:	
Participant contributions receivable as of December 31, 2009	(65,421)
Participant contributions per Form 5500	$ 2,246,642

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2009 to Form 5500:

	2009
Employer contributions per the financial statements	$ 577,394
Plus:	
Employer contributions receivable as of December 31, 2008	166,379
Less:	
Employer receivables as of December 31, 2009	(167,269)
Other	(11,078)
Employer contributions per Form 5500	$ 565,426

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of Plan transfers per the financial statements for the year ended December 31, 2009 to Form 5500:

	2009
Transfer into the Plan per the financial statements	$ -
Plus:	
Transfer from the MyITgroup, LLC 401(k) Plan recorded as an other receivable at December 31, 2008	2,811,881
Less:	
Participant contributions from the MyITgroup, LLC 401(k) Plan included in other receivables at December 31, 2008	(31,207)
Other	(8,420)
Transfer into the Plan per Form 5500	$ 2,772,254

SUPPLEMENTAL SCHEDULE

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 20-2969301
PLAN NUMBER: 001

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

December 31, 2009

(a)	(b) Identity of Issuer, 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 Funds Income Fund of America – R3	Mutual Fund	**	$ 2,465,293
*	American Funds New Perspective Fund R3	Mutual Fund	**	2,036,832
*	American Funds EuroPacific Growth Fund R3	Mutual Fund	**	1,911,563
*	American Funds Fundamental Investors – R3	Mutual Fund	**	1,834,538
*	American Funds Growth Fund of America – R3	Mutual Fund	**	1,769,269
*	American Funds Money Market Fund – R3	Mutual Fund	**	1,574,815
*	American Funds Washington Mutual Investors Fund – R3	Mutual Fund	**	1,336,059
*	PIMCO Total Return Fund – R	Mutual Fund	**	1,059,468
*	American Funds 2025 Target Fund R3	Mutual Fund	**	284,010
*	American Funds 2040 Target Fund R3	Mutual Fund	**	265,859
*	American Funds 2030 Target Fund R3	Mutual Fund	**	147,011
*	American Funds 2035 Target Fund R3	Mutual Fund	**	119,817
*	American Funds 2045 Target Fund R3	Mutual Fund	**	114,096
*	American Funds 2020 Target Fund R3	Mutual Fund	**	66,059
*	Hartford Inflation Plus – R3	Mutual Fund	**	58,638
*	American Funds 2010 Target Fund R3	Mutual Fund	**	44,657
*	American Funds 2050 Target Date Fund – R3	Mutual Fund	**	43,667
*	Columbia Mid Cap Growth Fund – R	Mutual Fund	**	36,494

(Continued)

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 20-2969301
PLAN NUMBER: 001

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

December 31, 2009

(a)	(b) Identity of Issuer, 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
*	Allianz NFJ Small Cap Value Fund – R	Mutual Fund	**	$ 30,006
*	Victory Established Value Fund – R	Mutual Fund	**	29,656
*	Lord Abbett Developing Growth R3	Mutual Fund	**	24,651
*	American Funds US Govt Securities FD – R3	Mutual Fund	**	18,196
*	American Funds 2015 Target Fund R3	Mutual Fund	**	1,980
*	Participant Loans	Interest rates ranging from 4.25% to 8.75% maturing through 2023	**	260,270
				$ 15,532,904

* Party-in-interest to the Plan.
** Cost information is not required.

ASSETS HELD FOR INVESTMENT PURPOSES

Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RERCX			1,960,292.78	1,911,563.24
1RGACX			1,913,400.13	1,769,269.33
1RNPCX			2,285,725.44	2,036,831.76
1PNVRX			27,439.13	30,006.04
1CMGRX			31,972.48	36,493.72
1LADRX			21,736.42	24,650.79
1GETGX			26,840.14	29,656.07
1RFNCX			1,789,051.75	1,834,538.43
1RWMCX			1,387,634.80	1,336,058.60
1RIDCX			2,283,358.39	2,465,292.95
1RGVCX			18,267.77	18,196.37
1HIPRX			57,577.96	58,637.63
1PTRRX			1,009,896.62	1,059,467.95
1RACXX			1,568,455.89	1,568,455.89
1RCATX			39,834.56	44,641.92
1RCJTX			1,856.48	1,980.48
1RCCTX			64,983.38	66,058.62
1RCDTX			232,439.48	284,010.33
1RCETX			133,595.98	147,011.41
1RCFTX			115,126.33	119,816.81
1RCKTX			224,266.80	265,858.98
1RCHTX			106,109.81	114,096.19
1RCITX			38,109.91	43,666.79
			15,337,972.43	**15,266,260.30**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	258,240.44	260,270.19
FORFEITURES			6,376.73	6,373.83

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 202969301

ASSETS HELD FOR INVESTMENT PURPOSES

Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RERCX	American Funds EuroPacific Growth Fd R3	1RGACX	American Funds Growth Fund of America R3
1RNPCX	American Funds New Perspective Fund R3	1PNVRX	Allianz NFJ Small Cap Value Fund - R
1CMGRX	Columbia Mid Cap Growth Fund -R	1LADRX	Lord Abbett Developing Growth R3
1GETGX	Victory Established Value Fund - R	1RFNCX	American Funds Fundamental Investors R3
1RWMCX	American Funds Washington Mutual Fund R3	1RIDCX	American Funds Income Fund of America R3
1RGVCX	American Funds US Govt Securities Fd R3	1HIPRX	Hartford Inflation Plus - R3
1PTRRX	PIMCO Total Return Fund - R	1RACXX	American Funds Money Market Fund R3
1RCATX	American Funds 2010 Target Date Fund R3	1RCJTX	American Funds 2015 Target Date Fund R3
1RCCTX	American Funds 2020 Target Date Fund R3	1RCDTX	American Funds 2025 Target Date Fund R3
1RCETX	American Funds 2030 Target Date Fund R3	1RCFTX	American Funds 2035 Target Date Fund R3
1RCKTX	American Funds 2040 Target Date Fund R3	1RCHTX	American Funds 2045 Target Date Fund R3
1RCITX	American Funds 2050 Target Date Fund R3		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year