

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 07/01/1987
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CHR SOLUTIONS, INC. 9700 BISSENET, SUITE 2800 HOUSTON, TX 77036
2b	Employer Identification Number (EIN) 75-1169463
2c	Sponsor's telephone number 713-995-4778
2d	Business code (see instructions) 541330

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.	10/11/2010	CHERYL CARR
	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") CHR SOLUTIONS, INC. 9700 BISSONNET, SUITE 2800 HOUSTON, TX 77036	3b Administrator's EIN 75-1169463 3c Administrator's telephone number 713-995-4778
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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	204
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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	140
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	101
d Subtotal. Add lines 6a , 6b , and 6c	6d	241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	242
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	198
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2H 2J 2K 2P 2R 3H 2T

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)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A</div> <div>Name of plan</div> <div>CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>004</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CHR SOLUTIONS, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>75-1169463</div>

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)

MILLIMAN, INC.

91-0675641

(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 17 36 37 38 50 59 64 70	NONE	40275	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHR SOLUTIONS, INC.</u>		
D Employer Identification Number (EIN) <u>75-1169463</u>		

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	<u>0</u>	<u>0</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>332990</u>	<u>0</u>
(2) Participant contributions	1b(2)	<u>17035</u>	<u>16923</u>
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>3644</u>	<u>13645</u>
(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)	<u>39277</u>	<u>214830</u>
(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)	<u>206726</u>	<u>199289</u>
(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)	<u>5277489</u>	<u>5234057</u>
(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	5877161	5678744

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	5877161	5678744
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	45178	
(B) Participants	2a(1)(B)	384410	
(C) Others (including rollovers)	2a(1)(C)	1951	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		431539
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)	16152	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16152
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1449	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	144602	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		146051
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		87759
(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)		811646
c Other income.....	2c		780
d Total income. Add all income amounts in column (b) and enter total.....	2d		1493927

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1652069	
(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)		1652069
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	40275	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40275
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1692344

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-198417
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: CARLON & MILLAR PROF LLC

(2) EIN: 46-0434964

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 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)

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>CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHR SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>75-1169463</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>51-0099033</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): _____



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
CHR Solutions, Inc. Profit Sharing and Investment Plan
Dallas, Texas

We have audited the accompanying statement of net assets available for benefits of the CHR Solutions, Inc. Profit Sharing and Investment Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements and schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of the Plan as of December 31, 2008, were audited by other auditors whose report dated March 9, 2010, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit 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 audit provides 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 CHR Solutions, Inc. Profit Sharing and Investment Plan as of December 31, 2009, and the changes in net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes 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 supplementary information is the responsibility of the Plan's management. This schedule 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.

Carlon & Millar, Prof. LLC

Mitchell, South Dakota
September 29, 2010

CHR SOLUTIONS, INC.
PROFIT SHARING AND INVESTMENT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

CM **Carlton**
& Millar, Prof. L.L.C.
certified public accountants

INDEX

INDEPENDENT AUDITOR'S REPORT	1
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FINANCIAL STATEMENTS

Statement of Net Assets Available for Benefits.....	2-3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5-12

SUPPLEMENTAL INFORMATION

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year).....	14
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certified public accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
CHR Solutions, Inc. Profit Sharing and Investment Plan
Dallas, Texas

We have audited the accompanying statement of net assets available for benefits of the CHR Solutions, Inc. Profit Sharing and Investment Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements and schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of the Plan as of December 31, 2008, were audited by other auditors whose report dated March 9, 2010, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit 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 audit provides 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 CHR Solutions, Inc. Profit Sharing and Investment Plan as of December 31, 2009, and the changes in net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes 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 supplementary information is the responsibility of the Plan's management. This schedule 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.

Carlson & Millar, Prof. L.L.C.

Mitchell, South Dakota
September 29, 2010

CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

		Participant Directed			
		Equity	Participant	Investment	
		Investments	Loans	Funds	Total
ASSETS					
Cash		\$ -	\$ -	\$ 13,645	\$ 13,645
Investments, at fair value:					
Intec Telecom - Systems, Inc. Stock	92,270	-	-	-	92,270
Common Stocks - other	122,560	-	-	-	122,560
Mutual Funds	-	-	-	4,733,391	4,733,391
Stable Value Fund	-	-	-	500,666	500,666
Participant Loans	-	199,289	-	-	199,289
Total Investments	214,830	199,289	5,234,057	-	5,648,176
Receivables:					
Participant contributions	-	-	16,923	-	16,923
TOTAL ASSETS	\$ 214,830	\$ 199,289	\$ 5,264,625	\$ 5,678,744	
NET ASSETS AVAILABLE FOR BENEFITS					
AT FAIR VALUE	\$ 214,830	\$ 199,289	\$ 5,264,625	\$ 5,678,744	
NET ASSETS AVAILABLE FOR BENEFITS	\$ 214,830	\$ 199,289	\$5,264,625	\$ 5,678,744	

CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2008

	Participant Directed			Non-Participant Directed	
	Equity Investments	Participant Loans	Investment Funds	CHR Stock Allocated	Total
ASSETS					
Cash	\$ -	\$ -	\$ -	\$ 3,644	\$ 3,644
Investments, at fair value:					
Intec Telecom - Systems, Inc. Stock	39,277	-	-	-	39,277
Common Stocks - other	86,345	-	-	-	86,345
Mutual Funds	-	-	4,352,517	-	4,352,517
Stable Value Fund	-	-	838,627	-	838,627
Participant Loans	-	206,726	-	-	206,726
Total Investments	<u>125,622</u>	<u>206,726</u>	<u>5,191,144</u>	<u>-</u>	<u>5,523,492</u>
Receivables:					
Participant contributions	-	-	17,035	-	17,035
Sponsor contributions	-	-	332,990	-	332,990
Total Receivables	<u>-</u>	<u>-</u>	<u>350,025</u>	<u>-</u>	<u>350,025</u>
TOTAL ASSETS	<u>\$ 125,622</u>	<u>\$ 206,726</u>	<u>\$5,541,169</u>	<u>\$ 3,644</u>	<u>\$ 5,877,161</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	<u>\$ 125,622</u>	<u>\$ 206,726</u>	<u>\$ 5,541,169</u>	<u>\$ 3,644</u>	<u>\$ 5,877,161</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 125,622</u>	<u>\$ 206,726</u>	<u>\$5,541,169</u>	<u>\$ 3,644</u>	<u>\$ 5,877,161</u>

CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

	Participant Directed		Non-Participant Directed		
	Equity	Participant	Investment	CHR Stock	
	Investments	Loans	Funds	Allocated	Total
ADDITIONS (DEDUCTIONS)					
Interest Income	\$ -	\$ 16,152	\$ -	\$ -	\$ 16,152
Dividend Income	1,449	-	144,602	-	146,051
Contributions:					
Sponsor Contributions	-	-	45,178	-	45,178
Participant Contributions	-	-	386,361	-	386,361
Loan Fees	-	780	-	-	780
Net Appreciation in Fair Value of Investments	87,759	-	811,646	-	899,405
Additions to Net Assets	<u>89,208</u>	<u>16,932</u>	<u>1,387,787</u>	<u>-</u>	<u>1,493,927</u>
Benefits Paid to Participants	-	-	1,641,603	3,644	1,641,603
Deemed Distributions	-	6,822	-	-	6,822
Administrative Expenses	-	-	40,275	-	40,275
Deductions from Net Assets	<u>-</u>	<u>6,822</u>	<u>1,681,878</u>	<u>3,644</u>	<u>4,514,351</u>
Net Increase (Decrease) before					
Interfund Transfers	89,208	10,110	(294,091)	(3,644)	(194,773)
Interfund Transfers	<u>-</u>	<u>(17,547)</u>	<u>17,547</u>	<u>-</u>	<u>-</u>
Increase (Decrease) in Net Assets					
Available for Benefits	89,208	(7,437)	(276,544)	(3,644)	(194,773)
NET ASSETS AVAILABLE FOR BENEFITS:					
Beginning of Year	<u>125,622</u>	<u>206,726</u>	<u>5,541,169</u>	<u>3,644</u>	<u>5,873,517</u>
End of Year	<u>\$ 214,830</u>	<u>\$ 199,289</u>	<u>\$ 5,264,625</u>	<u>\$ -</u>	<u>\$ 5,678,744</u>

**CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 – PLAN DESCRIPTION

This description of the CHR Solutions, Inc. Profit Sharing and Investment Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the provisions of the Plan.

General. The Plan is a defined contribution plan available to all eligible employees (as defined in the Plan agreement) of CHR Solutions, Inc. (Plan Sponsor). The Plan was amended effective May 1, 1991, to add the employee stock ownership plan and subsequently amended and restated effective May 1, 2002. On December 4, 2006, the Plan Sponsor entered into a stock redemption agreement whereby the Plan Sponsor redeemed all of the shares of common stock of the Plan Sponsor. All shares owned by the Plan were repurchased by the Plan Sponsor. The Plan's year end was also amended during 2006, to January 31. Subsequent to January 31, 2007, the Plan adopted December 31 as its new year end, effective for the year ending December 31, 2007. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility. Prior to November 1, 1999, all employees, age 21 or older who had completed one year of service with a minimum of 1,000 hours, became participants on May 1 or November 1, coinciding with, or subsequent to, the first anniversary of their employment date. Effective November 1, 1999, employees of the Plan Sponsor became eligible to participate in the Plan after 90 days of employment and entry dates are the first day of each calendar quarter. Effective February 1, 2002, employees of the Plan Sponsor became eligible to participate in the Plan after 30 days of employment and entry dates are the first day of the month after reaching 30 days of employment. For the current year any employee may enroll in the Plan immediately upon hire.

Tax Status. The Plan obtained its latest determination letter on November 10, 2003, and is qualified under Section 201(a) of the Internal Revenue Code (IRC). The Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Contributions. Effective May 1, 2008, all newly eligible employees are automatically enrolled in the Plan at a contribution rate of 3% of their pre-tax compensation, as defined in the Plan Agreement, with each employee given an option to change their contribution or "opt out" of the Plan. Participants in the Plan may elect to contribute up to a maximum of 75% of their pre-tax annual compensation up to \$16,500 per year as defined in the Plan Agreement. Participants over age 50 can make a catch-up contribution of up to \$5,500. The Plan Sponsor may make discretionary matching cash contribution of up to 6% of each participant's compensation. Participants are eligible to receive discretionary matching contributions only if they have completed 1,000 hours of service during the plan year and are actively employed on the last day of the plan year.

For the years ended December 31, 2009 and 2008, the employer made no discretionary contributions.

**CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

NOTE 1 – PLAN DESCRIPTION - CONTINUED

Participant Accounts. The Plan provides for participant-directed investment programs within the Plan's investment funds. Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses charged by the custodian. Allocations are based on participant contributions or relative account balances, as defined by the Plan agreement. Plan sponsor contributions receivable of \$332,990 at December 31, 2008, had not been allocated to participant accounts as of that date. Those contributions are allocated based on the above provisions when received by the Plan custodian. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are 100% vested in their participant account including employer contributions immediately upon enrollment in the Plan.

Amendment or Termination. Although it has no intent to do so, the Plan Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Payment of Benefits. Upon termination of employment, retirement, death or disability, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account, or periodic payments over the life of the participant and a designated beneficiary, or a period not extending beyond the life expectancy of the participant and designated beneficiary.

Participant Loans. Any participant who has an account balance of \$2,000 or more may apply for a participant loan. Loans for \$1,000 and up to \$50,000 may be approved if the participant meets the requirements as established in the loan policy. Loans are secured by an irrevocable pledge and assignment by the participant of up to 50% of their vested account balance under the Plan. Interest is charged on the loans at the rate of 1% above the Wall Street Journal Prime rate (4.25% as of December 31, 2009) on the first day of the month during which the loan is approved. Principal and interest are paid ratably through payroll deductions. A participant may have no more than three loans outstanding at any one time.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Plan's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), including specialized industry practices as specified in the American Institute of Certified Public Accountants audit and accounting guide titled *Audits of Employee Benefit Plans*.

Basis of Accounting. The accompanying financial statements are prepared under the accrual basis of accounting.

**CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES- CONTINUED

Use of Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates. The Plan utilizes various investment instruments.

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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Cash and Cash Equivalents. Cash and cash equivalents in the accompanying financial statements include cash on hand, all depository accounts with financial institutions which are not subject to withdrawal restrictions or penalties and all highly liquid debt instruments with original maturities of three months or less.

Investment Valuation and Income Recognition. The Plan's investments in mutual funds and common stocks are stated at fair value based on quoted market prices of the underlying assets on the last business day of the Plan year. Participant loans are valued at the unpaid principal balance, which approximates the fair value of the loan. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. The ABN AMRO Income Plus Fund investment includes security-backed investment contracts including synthetic investment contracts (SICs), guaranteed investment contracts (GICs) and cash equivalents. SICs are contracts composed of underlying assets and a "wrapper" contract provides for withdrawals at contract value for any normal benefit requirements. Net appreciation (depreciation) includes the Plan's gains and losses on investments sold as well as held during the year.

Payment of Benefits. Benefits are recorded when paid.

Prohibited Transactions. A "party-in-interest" is a fiduciary or employee of the Plan, any person who provides services to the Plan, the Plan Sponsor or an employee association whose members are covered by the Plan, a person who owns 50 percent or more of the Plan Sponsor or such employee association or relatives of such person just listed. Under ERISA, a Plan fiduciary is prohibited from causing the Plan to engage in the following transactions with a party-in-interest, with certain conditional exemptions provided by ERISA:

- A sale, exchange or lease of property;
- A loan or other extension of credit;
- The furnishing of goods, services or facilities;
- A transfer of plan assets to a party-in-interest for the use or benefit of a party-in-interest; or
- An acquisition of employer securities or real property

**CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES- CONTINUED

Prohibited Transactions. – continued

A fiduciary is also generally prohibited from using the Plan's assets for his or her own interest or account, acting in any Plan transactions on behalf of a party whose interests are adverse to those of the Plan or its participants and receiving consideration for his or her own account from a party dealing with the Plan in connection with a transaction involving the Plan's assets.

The Plan has not engaged in any prohibited transactions during the years ended December 31, 2009 and 2008.

Reclassifications. Certain amounts in the prior year statement of net assets available for benefits have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Date of Management's Review. Subsequent events were evaluated through September 29, 2010, which is the date the financial statements were completed.

NOTE 3 - INVESTMENTS

Components of the Plan's investments that represent five percent or more of the Plan's net assets as of December 31, are presented below

	December 31,	
	2009	2008
Participant Directed:		
Investments, at fair value:		
American Growth Fund of America Class A	\$ 823,162	\$ 952,334
Pimco Total Return Class D	1,620,093	950,466
ABN AMRO Income Plus	500,666	771,981
Dreyfus S&P 500 Index Fund	509,989	565,795
American Balanced Class A	250,340	499,800
ING International Value	406,567	441,882
American Funds Washington Mutual	370,587	421,450

**CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

NOTE 4 - RELATED PARTY TRANSACTIONS

The Plan Sponsor, on behalf of the Plan, paid administrative expenses in the amount of \$40,275 and \$19,174, respectively, for the years ended December 31, 2009 and 2008.

Within the participant-directed funds of the Plan, certain participants have elected to invest in the following closely held entity:

Intec Telecom – Systems, Inc. (INTEC), formerly CHA Systems, Inc. (CHA). Certain members of the Plan Sponsor's management were stockholders in CHA through February 2, 2001, when CHA was sold to INTEC. INTEC is an unrelated third party and publicly traded telecommunications company on the United Kingdom stock exchange. The Plan Sponsor provided consulting services to and leased office space from CHA until the date of the sale.

NOTE 5 – FAIR VALUE MEASUREMENT

In September 2006, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting No. 157, Fair Value Measurements (SFAS No. 157). SFAS No. 157 introduced a framework for measuring fair value and expanded required disclosures about fair value measurements of assets and liabilities. SFAS No. 157 for financial assets and liabilities was effective for fiscal years beginning after November 15, 2007. The Plan adopted the standard for those assets and liabilities as of January 1, 2008 and the impact of adoption was not material to the financial statements. In November 2007, the FASB placed a one year deferral for the implementation of SFAS No. 157 for nonfinancial assets and liabilities. Currently, the Plan does not have any nonfinancial assets or liabilities.

SFAS No. 157 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. SFAS No. 157 also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

Level 1- quoted prices in active markets for identical assets or liabilities

Level 2- Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3- Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

**CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

NOTE 5 – FAIR VALUE MEASUREMENT- CONTINUED

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds. These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

Stable Value Fund. The ABN AMRO Income Plus Fund is not actively traded. The assets in the ABN AMRO Income Plus Fund are invested primarily in guaranteed investment contracts (GICs) money market funds, money market instruments, repurchase agreements, private placements, bank investment contracts, and synthetic GICs. Investments in money market funds are valued at fair market value. Investments in GICs represent deposits that guarantee a stated interest rate for the term of the contract. The fair value of the GICs is determined based on the present value of the contract's expected cash flows, discounted at the current market interest rates for the like quality and duration investments.

Synthetic GICs are comprised of an underlying pool of securities combined with a wrapper instrument issued by a separate entity that allows participants to transact at contract value for qualified withdrawals. The securities supporting the synthetic GICs are valued by independent pricing sources. The fair value of the wrap contracts is determined by the Trustee based on the change in the present value of the contract's expected cash flows discounted at current market rates.

The key factors that impact the crediting rates for a wrap contract include the level of market interest rates, the timing and magnitude of the cash flows in and out of the separate account, the investment return generated by the fixed-income investments that underlie the wrap contract, and the duration of the fixed-income investments that underlie the wrap contract. Wrap contract interest rates are typically reset on a monthly or quarterly basis according to each contract. The interest crediting rate reflects the book yield on the separate account, adjusted to reflect amortization of any realized gains and losses. The minimum crediting rate is zero. The Stable Value Fund is measured using Level 3 inputs, valued based on independently audited net asset value per unit owned.

Participant Directed Investments in Common Stock. These investments are public investment vehicles valued using a quoted price in an active market and classified within level 1 of the valuation hierarchy.

CHR SOLUTIONS, INC. PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE 5 – FAIR VALUE MEASUREMENT- CONTINUED

Loans to Participants. Loans to participants are valued at cost plus accrued interest, which approximates fair value and are classified within Level 3 of the valuation hierarchy.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the FAS 157 fair value hierarchy levels described in above:

As of December 31, 2009

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Assets:				
Participant directed investments				
in common stocks	\$ 214,830	\$ -	\$ -	\$ 214,830
Mutual funds	4,733,391			4,733,391
Stable value fund			500,666	500,666
Participant loans			199,289	199,289
Total	<u>\$ 4,948,221</u>	<u>\$ -</u>	<u>\$ 699,955</u>	<u>\$ 5,648,176</u>

Level 3 Gains and Losses. 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:

	Beginning Fair Value	Gains or Losses	Purchases, Issuances, Settlements	Ending Fair Value
Stable value fund	\$ 771,981	\$ -	\$ (271,315)	\$ 500,666
Participant loans	206,726		(7,437)	199,289
Total	<u>\$ 978,707</u>	<u>\$ -</u>	<u>\$ (278,752)</u>	<u>\$ 699,955</u>

NOTE 6 – ERISA DISCLOSURES

The Plan had no reportable transactions or any nonexempt transactions during 2009. There were no loans or fixed income obligations in default or classified as uncollectible.

**CHR Solutions, Inc. Profit Sharing and Investment Plan
NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

NOTE 7 – VOLUNTARY CORRECTION PROGRAM SUBMISSION

During 2009, the Plan Sponsor filed documents with the Internal Revenue Service under Revenue Procedure 2008-50 and paid a user fee of \$5,000. The filing involved a failure to operate the Plan in accordance with its written provisions by not contributing the mandatory matching contributions from May 1, 2002 through April 30, 2006. The inability to make the mandatory match contributions was due to an economic downturn which affected the finances of the Plan Sponsor. During this time, the Plan Sponsor accrued the employer matching contributions as a liability and when the financial outlook became favorable the Plan sponsor funded those contributions to the affected participants in the Plan. The Plan sponsor also calculated lost earnings on the mandatory matching contributions and contributed this amount to the Plan as well. The employer match contribution was \$296,971 and the lost earnings amounted to \$81,197. All but \$45,178 was shown as a Plan receivable at December 31, 2008. The \$45,178 is shown as an employer contribution for the current year.

The Plan was amended August 9, 2005, to remove the mandatory employer match contribution and to provide for a discretionary match. The Plan sponsor did not make a discretionary matching contribution for 2009 or 2008.

NOTE 8 – SUBSEQUENT EVENT AND PLAN MERGER

Subsequent to December 31, 2009, the Plan was merged with the 401(k) Plan of the former Martin Group, Inc. CHR Solutions, Inc. and Martin Group, Inc. merged in the latter part of 2009. The successor plan will be called the CHR Solutions, Inc. 401(k) Plan. The Plan Sponsor changed its name to CHR Services, L.L.C in January, 2010.

SUPPLEMENTAL INFORMATION

CHR SOLUTIONS, INC., PROFIT SHARING AND INVESTMENT PLAN
EIN: 75-1169463 PLAN NUMBER 004
SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party [1]	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Cash	Cash held by plan	\$ -	\$ 13,645
	Wilmington Trust	ABN AMRO Income Plus	#	500,666
	Wilmington Trust	American Balanced Class A	#	250,340
	Wilmington Trust	American Growth Fund of America Class A	#	823,162
	Wilmington Trust	American Washington Mutual Investors	#	370,587
	Wilmington Trust	Columbia Acorn International	#	7,917
	Wilmington Trust	Dreyfus S&P 500 Index Fund	#	509,989
	Wilmington Trust	Goldman Sachs Small Cap Value	#	182,804
	Wilmington Trust	ING International Value	#	406,567
	Wilmington Trust	Pimco Total Return Class D	#	1,620,093
	Wilmington Trust	Perkins Mid Cap Value	#	142,385
	Wilmington Trust	RS Emerging Markets	#	176,946
	Wilmington Trust	Wells Fargo Advantage Small Cap Growth	#	242,601
	Fidelity Investments	Fidelity Cash Reserve	#	615
	Alcoa, Inc.	Common Stock - 800 shares	#	12,896
	Amazon.com Inc.	Common Stock - 150 shares	#	20,178
	Applied Materials Inc.	Common Stock - 1,000 shares	#	13,940
	CISCO Systems Inc.	Common Stock - 600 shares	#	14,364
	Cliffs Natural Resources, Inc.	Common Stock - 300 shares	#	13,827
	Conagra Foods, Inc.	Common Stock - 500 shares	#	11,525
	Goldman Sachs Group Inc.	Common Stock - 70 shares	#	11,819
	Intec Telecom Systems, Inc.	Common Stock - 62,345 shares	#	92,270
	McDonald's Corp	Common Stock - 200 shares	#	12,488
	Under Armour, Inc.	Common Stock - 400 shares	#	10,908
*	Participant loans-various maturity dates	Interest Rates: 4.25% to 9.25%	-	199,289
				<u>\$5,661,821</u>

* An asterisk (*) in column "a" indicates a party-in-interest to the Plan

Cost information is omitted with respect to participant and/or beneficiary-directed transactions.

This supplemental schedule lists assets held for investment purposes at December 31, 2009,
as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

CHR SOLUTIONS, INC., PROFIT SHARING AND INVESTMENT PLAN
EIN: 75-1169463 PLAN NUMBER 004
SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

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	Intec Telecom Systems, Inc.	Common Stock - 62,345 shares	#	92,270
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