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;
- [ ] 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. . . . . ▶ [X]

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
CACIQUE, INC. PROFIT SHARING/SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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

14940 PROCTOR AVENUE
CITY OF INDUSTRY, CA 91746

14940 PROCTOR AVENUE
CITY OF INDUSTRY, CA 91746

2b Employer Identification Number (EIN)
95-3064460

2c Sponsor's telephone number
626-961-3399

2d Business code (see instructions)
311500

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.	10/13/2010	DOUGLAS LEE
	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")
CACIQUE, INC.

14940 PROCTOR AVENUE
CITY OF INDUSTRY, CA 91746

3b Administrator's EIN
95-3064460

3c Administrator's telephone number
626-961-3399

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**	642
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**	414
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	175
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	589
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	590
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	531
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	73
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3H 2R

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 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
CACIQUE, INC. PROFIT SHARING/SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3064460

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 37 65 71	RECORDKEEPER	8459	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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(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

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

A Name of plan
CACIQUE, INC. PROFIT SHARING/SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3064460

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3918127	4486773
(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)	91438	122511
(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)	842888	815856
(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)	5176205	6682193
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10028658	12107333
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10028658	12107333

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)	484189	
	(B) Participants	2a(1)(B)	703383	
	(C) Others (including rollovers)	2a(1)(C)	23452	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1211024
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25627	
	(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)	56245	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		81872
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	436	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	110926	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		111362
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	185453	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	179464	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		5989

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	44438	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		44438
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1445891
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2900576
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	800088	
(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)		800088
f Corrective distributions (see instructions)	2f		7540
g Certain deemed distributions of participant loans (see instructions)	2g		6510
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7763	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7763
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		821901
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2078675
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: RICHARDSON KONTOGOURIS EMERSON LLP (2) EIN: 01-0871934

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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
CACIQUE, INC. PROFIT SHARING/SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3064460

Part I Distributions

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

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

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

EIN(s): 04-6568107

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):

CACIQUE, INC.
PROFIT SHARING / SALARY SAVINGS PLAN

Independent Auditors' Report and Financial Statements with Supplemental Schedule

December 31, 2009 and 2008

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CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Cacique, Inc. Profit Sharing / Salary Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Cacique, Inc. Profit Sharing / Salary Savings Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of Schedule H, Part IV, Line 4(i) - Schedule of assets (held at end of year), as of December 31, 2009. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan's assets, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

Richardson Kontogouris Emerson LLP

October 6, 2010

CACIQUE, INC. PROFIT SHARING / SALARY SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,	2009	2008
ASSETS		
INVESTMENTS AT FAIR VALUE	$ 12,107,333	$ 10,028,658
EMPLOYER CONTRIBUTION RECEIVABLE	10,989	20,551
TOTAL ASSETS	12,118,322	10,049,209
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	32,957	12,386
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,085,365	$ 10,036,823

CACIQUE, INC. PROFIT SHARING / SALARY SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Net appreciation in fair value of investments	$ 1,496,318
Investment income:	
Interest	81,872
Dividends	111,362
	1,689,552
Contributions:	
Participants	706,264
Employer	474,627
	1,180,891
Total additions	2,870,443
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	814,138
Investment service fees	7,763
Total deductions	821,901
Net increase	2,048,542
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	10,036,823
End of year	$ 12,085,365

See accompanying notes to the financial statements and independent auditors' report.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Cacique, Inc. Profit Sharing / Salary Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering the employees of Cacique, Inc. and affiliated companies (collectively the "Company"). Each employee is eligible to participate immediately after the attainment of age 18 and the completion of 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments.

Contributions

Each year, participants may contribute up to 60% of their pretax annual compensation, as defined by the Plan, in an amount not in excess of the maximum allowed by the Internal Revenue Code. Participants who have reached age 50 as of the end of the plan year are eligible to make catch-up contributions as defined by the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their separate accounts into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants. The Company contributes a matching contribution equal to 100% of the first five percent of a participant's eligible compensation. This matching contribution is reduced to 50% of the first five percent for highly compensated participants. In addition, the Company may, at the directive of its board of directors or its stockholders, make a discretionary contribution annually. Eligible participants who are employed on the last day of the Plan year share in the discretionary contribution. The Sponsor's discretionary contributions to the Plan are allocated to each participant's account in the ratio of the participant's eligible annual compensation to the total eligible annual compensation paid to all eligible participants.

The Company made the following contributions to the Plan for the year ended December 31, 2009:

Non-discretionary matching contributions	$ 463,638
Discretionary contributions	10,989
	$ 474,627

Participant accounts

Separate accounts are maintained for each participant. Each participant's account is credited with his or her salary deferral contribution, an allocation of the Company's contribution and investment earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contributions is based on continuous years of service, as follows:

Years of Service	Vested Percentage
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Years of service includes all years the participant has worked for the Company, regardless of the participant's date of enrollment in the Plan. In the event a participant becomes totally and permanently disabled, the value of the participant's account becomes fully vested. The value of the participant's account becomes fully vested upon the earlier of the participant's 65th birthday or death, provided the participant is an employee as of such date.

Payment of benefits

Upon termination of service due to death, disability or retirement, a participant (or beneficiary) may elect to receive either a lump-sum amount equal to the value of the vested interest in his or her account or a distribution under a systematic withdrawal plan.

Participant loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans to participants are collateralized by the participant's vested account balance and are subject to interest charges. Loan terms range from one to five years, except for loans used for the purchase of a primary residence, which range from one to ten years. Interest rates applicable to participant loans are determined by the Plan administrator. Loans outstanding at December 31, 2009 bear interest at rates ranging from 4.25% to 9.25% and mature through October 2018.

Forfeited accounts

Non-vested Company contributions forfeited by participants upon termination are allocated to remaining participant accounts in the ratio of the participant's eligible annual compensation to the total eligible annual compensation paid to all eligible participants. During 2009, at the discretion of the plan sponsor, approximately $78,000 in forfeitures were allocated to participants in the Plan. As of December 31, 2009, forfeited non-vested accounts remaining totaled $88,708.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Hardship withdrawals

A participant may be permitted to withdraw a portion or all of the balances of their individual account that is attributable to the participant's tax-deferred compensation (without earnings) for the reasons specified by and to the extent permitted under regulations issued by the Internal Revenue Service.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

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 assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of benefits

Benefits are recorded when paid. As of December 31, 2009, there were no benefits payable to separated participants who had requested withdrawal.

Plan expenses

Non-investment costs and administrative expenses of the Plan are paid by the Company, which is a party-in-interest. These expenses are not reflected in the financial statements and constitute exempt party-in-interest transactions under ERISA.

Excess contributions payable

Excess contributions payable represent amounts refunded to participants after year-end to comply with regulatory contribution limitations.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recently adopted accounting pronouncement

In June 2009, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") 105, *Generally Accepted Accounting Principles*, which establishes the Accounting Standards Codification as the single source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with generally accepted accounting principles ("GAAP"). The subsequent issuances of new standards will be in the form of Accounting Standards Updates that will be included in the codification. This guidance is effective for financial statements issued for interim and annual periods ending after September 15, 2009. The Plan adopted ASC 105 effective this reporting period. The adoption of this guidance did not have a material effect on the Plan's financial statements since the codification is not intended to change U.S. GAAP.

NOTE 3 - INVESTMENTS

The Plan assets are held by the Trustee pursuant to the Trustee Agreement which provides that all funds received by the Trustee shall be held, administered, invested and distributed by the Trustee, and that no part of the corpus or income shall be used for, or directed to, purposes other than for the exclusive benefit of participants or their beneficiaries.

Investments in excess of 5% of Net Assets Available for Benefits as of December 31 are as follows:

	2009	2008
Fidelity Retirement Money Market Fund	$ 4,443,444	$ 3,911,825
Fidelity Spartan 500 Index Fund	1,051,632	818,793
Fidelity Blue Chip Growth Fund	899,433	636,381
Fidelity US Bond Index Fund	839,320	779,249
Participant Loans	815,856	842,888
Fidelity Growth Strategies Fund	776,712	562,241
Fidelity Dividend Growth Fund	739,631	*

* Fund represents less than 5% in 2008.

In the Statement of Changes in Net Assets Available for Benefits, the Plan presents the net appreciation in the fair value of investments of $1,496,318, which consists of realized gains or losses and unrealized market value change of investments.

NOTE 4 - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures,* defines fair value and establishes a framework for the measurement of fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

The Plan classified its investments as of December 31, 2009 based upon an established fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). Inputs are classified into the following hierarchy based on the level of judgment used to measure their fair value:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

Participant loans: Valued at amortized cost, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 11,125,016	$ -	$ -	$ 11,125,016
Common Stocks	123,132	-	-	123,132
Cash	43,329	-	-	43,329
Loans to Participants	-	-	815,856	815,856
	$ 11,291,477	$ -	$ 815,856	$ 12,107,333

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

	Loans to Participants
Balance, beginning of year	$ 842,888
Issuances	371,839
Repayments	(398,871)
Balance, end of year	$ 815,856

NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan invests in funds offered by Fidelity Management Trust Company ("FMTC").

The following unaudited information in the financial statements was certified to be complete and accurate by Fidelity Management Trust Company, Trustee of the Plan's assets, within the meaning of 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for reporting and disclosure under ERISA:

- All amounts included as investments in the Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008;
- All amounts under investment income and losses for the year ended December 31, 2009 included in the Statement of Changes in Net Assets Available for Benefits; and
- All information in the Supplemental Schedule of Assets (Held at End of Year) as of December 31, 2009.

NOTE 6 - PLAN TERMINATION

Although it is currently the intent of the Company to continue the Plan, 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 become 100% vested in their accounts.

NOTE 7 - TAX STATUS

The Plan document is a volume submitter defined contribution plan that received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the plan, as then designed, was in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore exempt from income tax.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by the Trustee. Fidelity Management Trust Company is the Trustee of the Plan assets and, therefore, transactions with FMTC qualify as party-in-interest transactions. All recordkeeper fees for the year ended December 31, 2009 were paid by the Plan sponsor.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2009	2008
Net assets available for benefits per the financial statements	$ 12,085,365	$ 10,036,823
Less: Employer contributions receivable	(10,989)	(20,551)
Add: Excess contributions payable	32,957	12,386
Net assets available for benefits per Schedule H, Form 5500	$ 12,107,333	$ 10,028,658

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2009:

Net increase per the financial statements	$ 2,048,542
Less: Employer contributions receivable at December 31, 2009	(10,989)
Less: Excess contributions payable at December 31, 2008	(12,386)
Add: Employer contributions receivable at December 31, 2008	20,551
Add: Excess contributions payable at December 31, 2009	32,957
Net increase per Schedule H, Form 5500	$ 2,078,675

NOTE 11 - SUBSEQUENT EVENTS

On August 1, 2010, at the discretion of the plan sponsor and plan administrator, all assets in the Cacique, Inc. Profit Sharing / Salary Savings Plan were transferred from FMTC to DWS Trust Company and all recordkeeper functions were transferred from Fidelity Investments Institutional Operations Company, Inc. to ADP Retirement Services. The plan sponsor adopted the provisions of the ADP Flexible Defined Contribution Prototype Plan and Trust and executed an adoption agreement dated August 1, 2010. The provisions of the new adoption agreement are similar to those of the adoption agreement in effect at December 31, 2009. However, we noted the new adoption agreement includes an automatic deferral provision in which the employer will withhold an automatic deferral amount from the participant's compensation each payroll period unless the participant makes a contrary election. Additionally, the vesting schedule for all employer contributions was modified as follows:

NOTE 11 - SUBSEQUENT EVENTS (Continued)

Years of Service	Vested Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

Subsequent events have been evaluated by the Plan through October 6, 2010, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

CACIQUE, INC. PROFIT SHARING / SALARY SAVINGS PLAN
PLAN NUMBER: 001

SCHEDULE H, PART IV, LINE 4(i)
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, and par or maturity value	(d) Cost	(e) Current value
*	Fidelity Management Trust Company (FMTC)			
		Brokeragelink Account		
		Common Stocks	**	$ 123,132
		Fidelity Nordic Fund	**	5,742
		Fidelity Value Discovery Fund	**	14,511
		Fidelity Small Cap Value Fund	**	21,378
		Fidelity Leveraged Company Stock Fund	**	5,767
		Cash	**	43,329
		Fidelity Fund	**	566,793
		Blue Chip Growth Fund	**	899,433
		Growth Strategies Fund	**	776,712
		Diversified International Fund	**	538,713
		Dividend Growth Fund	**	739,631
		Freedom Income Fund	**	99,007
		Freedom 2000 Fund	**	169,185
		Freedom 2005 Fund	**	562
		Freedom 2010 Fund	**	121,281
		Freedom 2015 Fund	**	120,941
		Freedom 2020 Fund	**	321,561
		Freedom 2025 Fund	**	28,196
		Freedom 2030 Fund	**	259,730
		Freedom 2035 Fund	**	90,547
		Freedom 2045 Fund	**	9,672
		Freedom 2050 Fund	**	1,258
		Retirement Money Market Fund	**	4,443,444
		Spartan 500 Index Fund	**	1,051,632
		US Bond Index Fund	**	839,320
*	Participant loans	Interest rates range from 4.25% to 9.25% maturing through October 2018		815,856
				$12,107,333

* Parties-in-interest.
** Information is not required as investments are participant directed.

CACIQUE, INC. PROFIT SHARING / SALARY SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,	2009	2008
ASSETS		
INVESTMENTS AT FAIR VALUE	$ 12,107,333	$ 10,028,658
EMPLOYER CONTRIBUTION RECEIVABLE	10,989	20,551
TOTAL ASSETS	12,118,322	10,049,209
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	32,957	12,386
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,085,365	$ 10,036,823

CACIQUE, INC. PROFIT SHARING / SALARY SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Net appreciation in fair value of investments	$ 1,496,318
Investment income:	
Interest	81,872
Dividends	111,362
	1,689,552
Contributions:	
Participants	706,264
Employer	474,627
	1,180,891
Total additions	2,870,443
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	814,138
Investment service fees	7,763
Total deductions	821,901
Net increase	2,048,542
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	10,036,823
End of year	$ 12,085,365

See accompanying notes to the financial statements and independent auditors' report.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Cacique, Inc. Profit Sharing / Salary Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering the employees of Cacique, Inc. and affiliated companies (collectively the "Company"). Each employee is eligible to participate immediately after the attainment of age 18 and the completion of 90 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments.

Contributions

Each year, participants may contribute up to 60% of their pretax annual compensation, as defined by the Plan, in an amount not in excess of the maximum allowed by the Internal Revenue Code. Participants who have reached age 50 as of the end of the plan year are eligible to make catch-up contributions as defined by the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their separate accounts into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants. The Company contributes a matching contribution equal to 100% of the first five percent of a participant's eligible compensation. This matching contribution is reduced to 50% of the first five percent for highly compensated participants. In addition, the Company may, at the directive of its board of directors or its stockholders, make a discretionary contribution annually. Eligible participants who are employed on the last day of the Plan year share in the discretionary contribution. The Sponsor's discretionary contributions to the Plan are allocated to each participant's account in the ratio of the participant's eligible annual compensation to the total eligible annual compensation paid to all eligible participants.

The Company made the following contributions to the Plan for the year ended December 31, 2009:

Non-discretionary matching contributions	$ 463,638
Discretionary contributions	10,989
	$ 474,627

Participant accounts

Separate accounts are maintained for each participant. Each participant's account is credited with his or her salary deferral contribution, an allocation of the Company's contribution and investment earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contributions is based on continuous years of service, as follows:

Years of Service	Vested Percentage
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

Years of service includes all years the participant has worked for the Company, regardless of the participant's date of enrollment in the Plan. In the event a participant becomes totally and permanently disabled, the value of the participant's account becomes fully vested. The value of the participant's account becomes fully vested upon the earlier of the participant's 65th birthday or death, provided the participant is an employee as of such date.

Payment of benefits

Upon termination of service due to death, disability or retirement, a participant (or beneficiary) may elect to receive either a lump-sum amount equal to the value of the vested interest in his or her account or a distribution under a systematic withdrawal plan.

Participant loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans to participants are collateralized by the participant's vested account balance and are subject to interest charges. Loan terms range from one to five years, except for loans used for the purchase of a primary residence, which range from one to ten years. Interest rates applicable to participant loans are determined by the Plan administrator. Loans outstanding at December 31, 2009 bear interest at rates ranging from 4.25% to 9.25% and mature through October 2018.

Forfeited accounts

Non-vested Company contributions forfeited by participants upon termination are allocated to remaining participant accounts in the ratio of the participant's eligible annual compensation to the total eligible annual compensation paid to all eligible participants. During 2009, at the discretion of the plan sponsor, approximately $78,000 in forfeitures were allocated to participants in the Plan. As of December 31, 2009, forfeited non-vested accounts remaining totaled $88,708.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Hardship withdrawals

A participant may be permitted to withdraw a portion or all of the balances of their individual account that is attributable to the participant's tax-deferred compensation (without earnings) for the reasons specified by and to the extent permitted under regulations issued by the Internal Revenue Service.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

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 assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of benefits

Benefits are recorded when paid. As of December 31, 2009, there were no benefits payable to separated participants who had requested withdrawal.

Plan expenses

Non-investment costs and administrative expenses of the Plan are paid by the Company, which is a party-in-interest. These expenses are not reflected in the financial statements and constitute exempt party-in-interest transactions under ERISA.

Excess contributions payable

Excess contributions payable represent amounts refunded to participants after year-end to comply with regulatory contribution limitations.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recently adopted accounting pronouncement

In June 2009, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") 105, *Generally Accepted Accounting Principles*, which establishes the Accounting Standards Codification as the single source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with generally accepted accounting principles ("GAAP"). The subsequent issuances of new standards will be in the form of Accounting Standards Updates that will be included in the codification. This guidance is effective for financial statements issued for interim and annual periods ending after September 15, 2009. The Plan adopted ASC 105 effective this reporting period. The adoption of this guidance did not have a material effect on the Plan's financial statements since the codification is not intended to change U.S. GAAP.

NOTE 3 - INVESTMENTS

The Plan assets are held by the Trustee pursuant to the Trustee Agreement which provides that all funds received by the Trustee shall be held, administered, invested and distributed by the Trustee, and that no part of the corpus or income shall be used for, or directed to, purposes other than for the exclusive benefit of participants or their beneficiaries.

Investments in excess of 5% of Net Assets Available for Benefits as of December 31 are as follows:

	2009	2008
Fidelity Retirement Money Market Fund	$ 4,443,444	$ 3,911,825
Fidelity Spartan 500 Index Fund	1,051,632	818,793
Fidelity Blue Chip Growth Fund	899,433	636,381
Fidelity US Bond Index Fund	839,320	779,249
Participant Loans	815,856	842,888
Fidelity Growth Strategies Fund	776,712	562,241
Fidelity Dividend Growth Fund	739,631	*

* Fund represents less than 5% in 2008.

In the Statement of Changes in Net Assets Available for Benefits, the Plan presents the net appreciation in the fair value of investments of $1,496,318, which consists of realized gains or losses and unrealized market value change of investments.

NOTE 4 - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures,* defines fair value and establishes a framework for the measurement of fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

The Plan classified its investments as of December 31, 2009 based upon an established fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). Inputs are classified into the following hierarchy based on the level of judgment used to measure their fair value:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

Participant loans: Valued at amortized cost, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 11,125,016	$ -	$ -	$ 11,125,016
Common Stocks	123,132	-	-	123,132
Cash	43,329	-	-	43,329
Loans to Participants	-	-	815,856	815,856
	$ 11,291,477	$ -	$ 815,856	$ 12,107,333

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

	Loans to Participants
Balance, beginning of year	$ 842,888
Issuances	371,839
Repayments	(398,871)
Balance, end of year	$ 815,856

NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan invests in funds offered by Fidelity Management Trust Company ("FMTC").

The following unaudited information in the financial statements was certified to be complete and accurate by Fidelity Management Trust Company, Trustee of the Plan's assets, within the meaning of 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for reporting and disclosure under ERISA:

- All amounts included as investments in the Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008;
- All amounts under investment income and losses for the year ended December 31, 2009 included in the Statement of Changes in Net Assets Available for Benefits; and
- All information in the Supplemental Schedule of Assets (Held at End of Year) as of December 31, 2009.

NOTE 6 - PLAN TERMINATION

Although it is currently the intent of the Company to continue the Plan, 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 become 100% vested in their accounts.

NOTE 7 - TAX STATUS

The Plan document is a volume submitter defined contribution plan that received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated that the plan, as then designed, was in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore exempt from income tax.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by the Trustee. Fidelity Management Trust Company is the Trustee of the Plan assets and, therefore, transactions with FMTC qualify as party-in-interest transactions. All recordkeeper fees for the year ended December 31, 2009 were paid by the Plan sponsor.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2009	2008
Net assets available for benefits per the financial statements	$ 12,085,365	$ 10,036,823
Less: Employer contributions receivable	(10,989)	(20,551)
Add: Excess contributions payable	32,957	12,386
Net assets available for benefits per Schedule H, Form 5500	$ 12,107,333	$ 10,028,658

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2009:

Net increase per the financial statements	$ 2,048,542
Less: Employer contributions receivable at December 31, 2009	(10,989)
Less: Excess contributions payable at December 31, 2008	(12,386)
Add: Employer contributions receivable at December 31, 2008	20,551
Add: Excess contributions payable at December 31, 2009	32,957
Net increase per Schedule H, Form 5500	$ 2,078,675

NOTE 11 - SUBSEQUENT EVENTS

On August 1, 2010, at the discretion of the plan sponsor and plan administrator, all assets in the Cacique, Inc. Profit Sharing / Salary Savings Plan were transferred from FMTC to DWS Trust Company and all recordkeeper functions were transferred from Fidelity Investments Institutional Operations Company, Inc. to ADP Retirement Services. The plan sponsor adopted the provisions of the ADP Flexible Defined Contribution Prototype Plan and Trust and executed an adoption agreement dated August 1, 2010. The provisions of the new adoption agreement are similar to those of the adoption agreement in effect at December 31, 2009. However, we noted the new adoption agreement includes an automatic deferral provision in which the employer will withhold an automatic deferral amount from the participant's compensation each payroll period unless the participant makes a contrary election. Additionally, the vesting schedule for all employer contributions was modified as follows:

NOTE 11 - SUBSEQUENT EVENTS (Continued)

Years of Service	Vested Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

Subsequent events have been evaluated by the Plan through October 6, 2010, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

CACIQUE, INC. PROFIT SHARING / SALARY SAVINGS PLAN
PLAN NUMBER: 001

SCHEDULE H, PART IV, LINE 4(i)
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, and par or maturity value	(d) Cost	(e) Current value
*	Fidelity Management Trust Company (FMTC)			
		Brokeragelink Account		
		Common Stocks	**	$ 123,132
		Fidelity Nordic Fund	**	5,742
		Fidelity Value Discovery Fund	**	14,511
		Fidelity Small Cap Value Fund	**	21,378
		Fidelity Leveraged Company Stock Fund	**	5,767
		Cash	**	43,329
		Fidelity Fund	**	566,793
		Blue Chip Growth Fund	**	899,433
		Growth Strategies Fund	**	776,712
		Diversified International Fund	**	538,713
		Dividend Growth Fund	**	739,631
		Freedom Income Fund	**	99,007
		Freedom 2000 Fund	**	169,185
		Freedom 2005 Fund	**	562
		Freedom 2010 Fund	**	121,281
		Freedom 2015 Fund	**	120,941
		Freedom 2020 Fund	**	321,561
		Freedom 2025 Fund	**	28,196
		Freedom 2030 Fund	**	259,730
		Freedom 2035 Fund	**	90,547
		Freedom 2045 Fund	**	9,672
		Freedom 2050 Fund	**	1,258
		Retirement Money Market Fund	**	4,443,444
		Spartan 500 Index Fund	**	1,051,632
		US Bond Index Fund	**	839,320
*	Participant loans	Interest rates range from 4.25% to 9.25% maturing through October 2018		315,856
				$12,107,333

* Parties-in-interest.
** Information is not required as investments are participant directed.

CACIQUE, INC. PROFIT SHARING / SALARY SAVINGS PLAN
PLAN NUMBER: 001

SCHEDULE H, PART IV, LINE 4(i)
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, and par or maturity value	(d) Cost	(e) Current value
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See independent auditors' report.