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. . . . . ▶ [ ]

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
ADMINISTRATIVE RESOURCE OPTIONS 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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

200 W ADAMS ST STE 2000
CHICAGO, IL 60606-5230

2b Employer Identification Number (EIN)
36-3730340

2c Sponsor's telephone number
312-634-0300

2d Business code (see instructions)
561110

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.	10/14/2010	JACK BAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	JACK BAIN
	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")
ADMINISTRATIVE RESOURCE OPTIONS INC

200 W ADAMS ST STE 2000
CHICAGO, IL 60606-5230

3b Administrator's EIN
36-3730340

3c Administrator's telephone number
312-634-0300

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**	135
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**	190
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	202
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	202
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	47
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		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)	X	**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
ADMINISTRATIVE RESOURCE OPTIONS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADMINISTRATIVE RESOURCE OPTIONS INC

D Employer Identification Number (EIN)
36-3730340

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)

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

(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?
24	TRUSTEE	4699	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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
ADMINISTRATIVE RESOURCE OPTIONS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ADMINISTRATIVE RESOURCE OPTIONS INC

D Employer Identification Number (EIN)
36-3730340

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED GROWTH BALANCED LS FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-6771934-001	C	79593

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED AGGRESSIVE GROWTH LS FD

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-6771937-001	C	1531

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED CONSERVATIVE BALANCED LS

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-6771932-001	C	4977

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET COMMON TRUST FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-7241044-001	C	128456

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
ADMINISTRATIVE RESOURCE OPTIONS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADMINISTRATIVE RESOURCE OPTIONS INC

D Employer Identification Number (EIN)
36-3730340

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	4040	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	280	441
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	34445	45082
(9) Value of interest in common/collective trusts	1c(9)	211469	214556
(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)	181475	368671
(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	431709	628750
	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	431709	628750

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)	20198	
	(B) Participants	2a(1)(B)	94534	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		114732
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)	2944	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2944
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7482	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7482
	(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)		19558
(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)		61587
c Other income	2c		-5923
d Total income. Add all **income** amounts in column (b) and enter total	2d		200380
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7148	
(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)		7148
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-8508
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)	4441	
(4) Other	2i(4)	258	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4699
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3339
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		197041
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: GREBE & ASSOCIATES, P.C. (2) EIN: 36-4237636

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	
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			

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
ADMINISTRATIVE RESOURCE OPTIONS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADMINISTRATIVE RESOURCE OPTIONS INC

D Employer Identification Number (EIN)
36-3730340

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): 30-0219031

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):

ADMINISTRATIVE RESOURCE OPTIONS 401(K).

PROFIT SHARING PLAN AND TRUST

AUDIT REPORT

FOR THE YEAR ENDED DECEMBER 31, 2009

Administrative Resource Options 401(k) Profit Sharing Plan and Trust
For the Year Ended December 31, 2009

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INDEPENDENT AUDITOR'S REPORT

Administrative Committee
Administrative Resource Options 401(k)
Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the statements of net assets available for plan benefits and changes in net assets available for plan benefits and supplemental schedule, as listed in the accompanying table of contents, of the **Administrative Resource Options 401(k) Profit Sharing Plan and Trust** as of December 31, 2009, and for the year then ended. These financial statements and schedule are the responsibility of the Plan administrator.

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 certified by Associated Trust Company, N.A., trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. The Plan administrator informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee that the information provided to the Plan administrator by the trustee, as of and for the year ended December 31, 2009, 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 2009 financial statements and schedule taken as a whole. The form and content of information included in the financial statements and schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

We have compiled the accompanying statement of net assets available for plan benefits as of December 31, 2009 and the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2009 of the **Administrative Resource Options 401(k) Profit Sharing Plan and Trust**, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Grebe & Associates, P.C.

October 8, 2010

Administrative Resource Options 401(k) Profit Sharing Plan and Trust
Statement of Net Assets Available for Plan Benefits
December 31, 2009

	2009
Assets	
Investments, Participant-Directed, at fair value	$ 583,227
Accrued Dividends Receivable	441
Participant Loans Receivable	45,082
Total assets	$ 628,750
Liabilities and Net Assets	
Liabilities	$ -
Net assets available for Plan benefits	628,750
Total liabilities and net assets	$ 628,750

See accompanying notes and independent auditor's report.

Administrative Resource Options 401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Plan Benefits
For the Year Ended December 31, 2009

Additions to net assets attributed to:		
Investment income:		
Realized Gains and Losses	$	18,724
Market appreciation		62,260
Interest		4,219
Dividends		3,263
Loan interest		2,944
Total investment income		**91,410**
Employer contributions		20,198
Participant contributions		94,534
Total contributions		**114,732**
Increase in accrued income		161
Total increase in accrued Income		**161**
Total additions, net	**$**	**206,303**
Deductions from net assets attributed to:		
Benefit payments to participants	$	7,148
Investment advisory and management fees		4,439
Miscellaneous expenses		260
Increase in Loan Fund		5,923
Total deductions		**17,770**
Net increase (decrease) in net assets available for Plan benefits	**$**	**188,533**
Net assets available for Plan benefits:		
Beginning of the year	$	440,217
End of the year	$	628,750

See accompanying notes and independent auditor's report.

Administrative Resource Options
401(k) Profit Sharing Plan and Trust
Notes to the Financial Statements

1. **Plan Description**

The following description of the Administrative Resource Options (Company) 401(k) Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan, covering all employees of the Company.

Contributions – Participants may elect to contribute via pretax deferrals or Roth deferrals. up to the lesser of (1) 1% to 90% of their payroll period compensation, or (2) the limit of Internal Revenue Code Section 402 (g) ($16,500 for 2009). Company makes matching contribution equal to 25% of elective deferrals up to 6% of Compensation. Additionally, the Company may make a discretionary nonelective contribution to the Plan. All contributions to the Plan are participant directed and may be allocated between the Plan's investment options, each with a different level of risk and earning potential.

Participant Accounts – Each participant's account is segregated between participant contributions and Company contributions. Each account is credited with the earnings or losses attributable thereto.

Vesting – Participants are immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the remainder of their accounts is based upon years of service, and provides for 20% at the end of the second year, with an additional 20% per year for each subsequent year, to a maximum of 100%. Forfeitures of nonvested amounts are allocated to participants in the same manner as any profit sharing contributions. There were no forfeitures for the year ended December 31, 2009.

Participant Loans – Participants are allowed to borrow up to the lesser of 50% of their vested account balance or $50,000. The minimum loan is $1,000 and, the participant may have only one loan outstanding at any time. All loans issued in January 2009 were issued at the "prime" rate (3.25%) and loans issued after February 01, 2009 were issued at "prime" plus 2% (5.25%).

Payment of Benefits – Upon death, disability, retirement, or termination of service, a participant may receive the value of his or her vested interest in one lump sum payment. At December 31, 2009, $22,258.48 of undistributed equity is included in net assets available for Plan benefits for participants who have withdrawn from the Plan, but have not been paid.

2. **Summary of Significant Accounting Policies**

Basis of Presentation – The Plan's financial statements are prepared on the accrual basis of accounting.

Investments – The Plan's investments are stated at fair value based on quoted market prices.

Participant loans are stated at cost, which approximates fair market value.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make significant estimates and assumptions that affect the reported amounts of assets, liabilities, and changes in net assets at the date of the financial statements and during the reporting period. Actual results could differ from those estimates.

A significant estimate used in the preparation of these financial statements includes investments recorded at fair market value, for which the ultimate realization of the investments is based upon future economic factors related to the investments.

For the aforementioned estimate, it is reasonably possible that the recorded amounts or related disclosures could significantly change in the near future as new information becomes available.

Information Certified by Investment Advisor – Information concerning Plan investments and related transactions has been certified by Associated Trust Company, N.A. as being complete and accurate.

3. Investments

Plan investments at December 31, 2009 are as follows.

Equities:	
Growth Balanced Lifestage Fund	$ 79,592
Aggressive Growth Lifestage Fund	1,531
Davis New York Venture Fd CL A	11,538
Eagle Mid Cap Stock Fd R5	12,414
Europacific Growth Fund R6	42,265
Growth Fund of America	55,064
Harbor Fd International Fd	32,801
Royce Fds Pennsylvania Mutual Fd	21,017
Third Avenue Value Fd Com	891
Vanguard Index 500 Fd Investor Shs	58,405
Vanguard Small Cap Index Fd Invstr	21,163
Vanguard Mid-Cap Index Fd	14,341
Wasatch Small Cap Growth Fd	7,990
Fixed Income Securities:	
Money Market Fund	128,455
Conservative Balanced Lifestage Fund	4,977
PIMCO Total Return Fd	86,413
PIMCO Pac Invt Mgmt High Yield Fd	4,370
Miscellaneous:	
Master Loan	45,082
Accrued Income:	
Dividends	441
	$ 628,750

4. **Plan Termination**

   Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

5. **Related Party Transactions**

   Most expenses incurred in the administration of the Plan are paid by the Company.

6. **Income Tax Status**

   The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan administrator believes that the Plan continues to qualify and operate as designed.

Administrative Resource Options 401(k) Profit Sharing Plan and Trust
Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes
December 31, 2009

EIN: 36-3730340

(a)	(b) Identity of Issuer / (c) Description of Investment		(d) Fair Value
	Associated Trust Company:		
	Equity Common Trust Funds:		
	Growth Balanced Lifestage Fund	$	79,593
	Aggressive Growth Lifestage Fund		1,531
	Equity Mutual Funds:		
	Davis New York Venture Fd CL A		11,538
	Eagle Mid Cap Stock Fd R5		12,414
	Europacific Growth Fund R6		42,265
	Growth Fund of America R6		55,064
	Harbor Fd International Fd		32,801
	Royce FDS Pennsylvania Mutual Fd		21,017
	Third Avenue Value Fd Com]		891
	Vanguard Index 500 Fd Investor Shs		58,405
	Vanguard Small Cap Index Fd Invstr		21,163
	Vanguard Mid-Cap Index Fd		14,341
	Wasatch Small Cap Growth Fd		7,990
	Fixed Income Common Trust Funds:		
	Money Market Fund		128,456
	Conservative Balanced Lifestage Fund		4,977
	Fixed Income Mutual Funds:		
	PIMCO Total Return Fd		86,413
	PIMCO Pac Ionvt Mgmt High Yield Fd		4,370
	Loan Fund:		
	Participant Loans		45,082
	Accrued Interest:		
	Interest		441
	Total	$	628,750

See accompanying notes and independent auditor's report.

ADMINISTRATIVE RESOURCE OPTIONS 401(K).

PROFIT SHARING PLAN AND TRUST

AUDIT REPORT

FOR THE YEAR ENDED DECEMBER 31, 2009

Administrative Resource Options 401(k) Profit Sharing Plan and Trust
For the Year Ended December 31, 2009

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INDEPENDENT AUDITOR'S REPORT

Administrative Committee
Administrative Resource Options 401(k)
Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the statements of net assets available for plan benefits and changes in net assets available for plan benefits and supplemental schedule, as listed in the accompanying table of contents, of the **Administrative Resource Options 401(k) Profit Sharing Plan and Trust** as of December 31, 2009, and for the year then ended. These financial statements and schedule are the responsibility of the Plan administrator.

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 certified by Associated Trust Company, N.A., trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. The Plan administrator informed us that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee that the information provided to the Plan administrator by the trustee, as of and for the year ended December 31, 2009, 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 2009 financial statements and schedule taken as a whole. The form and content of information included in the financial statements and schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

We have compiled the accompanying statement of net assets available for plan benefits as of December 31, 2009 and the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2009 of the **Administrative Resource Options 401(k) Profit Sharing Plan and Trust**, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Grebe & Associates, P.C.

October 8, 2010

Administrative Resource Options 401(k) Profit Sharing Plan and Trust
Statement of Net Assets Available for Plan Benefits
December 31, 2009

	2009
Assets	
Investments, Participant-Directed, at fair value	$ 583,227
Accrued Dividends Receivable	441
Participant Loans Receivable	45,082
Total assets	$ 628,750
Liabilities and Net Assets	
Liabilities	$ -
Net assets available for Plan benefits	628,750
Total liabilities and net assets	$ 628,750

See accompanying notes and independent auditor's report.

Administrative Resource Options 401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Plan Benefits
For the Year Ended December 31, 2009

Additions to net assets attributed to:		
Investment income:		
Realized Gains and Losses	$	18,724
Market appreciation		62,260
Interest		4,219
Dividends		3,263
Loan interest		2,944
Total investment income		**91,410**
Employer contributions		20,198
Participant contributions		94,534
Total contributions		**114,732**
Increase in accrued income		161
Total increase in accrued Income		**161**
Total additions, net	**$**	**206,303**
Deductions from net assets attributed to:		
Benefit payments to participants	$	7,148
Investment advisory and management fees		4,439
Miscellaneous expenses		260
Increase in Loan Fund		5,923
Total deductions		**17,770**
Net increase (decrease) in net assets available for Plan benefits	**$**	**188,533**
Net assets available for Plan benefits:		
Beginning of the year	$	440,217
End of the year	$	628,750

See accompanying notes and independent auditor's report.

Administrative Resource Options
401(k) Profit Sharing Plan and Trust
Notes to the Financial Statements

1. **Plan Description**

The following description of the Administrative Resource Options (Company) 401(k) Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan, covering all employees of the Company.

Contributions – Participants may elect to contribute via pretax deferrals or Roth deferrals. up to the lesser of (1) 1% to 90% of their payroll period compensation, or (2) the limit of Internal Revenue Code Section 402 (g) ($16,500 for 2009). Company makes matching contribution equal to 25% of elective deferrals up to 6% of Compensation. Additionally, the Company may make a discretionary nonelective contribution to the Plan. All contributions to the Plan are participant directed and may be allocated between the Plan's investment options, each with a different level of risk and earning potential.

Participant Accounts – Each participant's account is segregated between participant contributions and Company contributions. Each account is credited with the earnings or losses attributable thereto.

Vesting – Participants are immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the remainder of their accounts is based upon years of service, and provides for 20% at the end of the second year, with an additional 20% per year for each subsequent year, to a maximum of 100%. Forfeitures of nonvested amounts are allocated to participants in the same manner as any profit sharing contributions. There were no forfeitures for the year ended December 31, 2009.

Participant Loans – Participants are allowed to borrow up to the lesser of 50% of their vested account balance or $50,000. The minimum loan is $1,000 and, the participant may have only one loan outstanding at any time. All loans issued in January 2009 were issued at the "prime" rate (3.25%) and loans issued after February 01, 2009 were issued at "prime" plus 2% (5.25%).

Payment of Benefits – Upon death, disability, retirement, or termination of service, a participant may receive the value of his or her vested interest in one lump sum payment. At December 31, 2009, $22,258.48 of undistributed equity is included in net assets available for Plan benefits for participants who have withdrawn from the Plan, but have not been paid.

2. **Summary of Significant Accounting Policies**

Basis of Presentation – The Plan's financial statements are prepared on the accrual basis of accounting.

Investments – The Plan's investments are stated at fair value based on quoted market prices.

Participant loans are stated at cost, which approximates fair market value.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make significant estimates and assumptions that affect the reported amounts of assets, liabilities, and changes in net assets at the date of the financial statements and during the reporting period. Actual results could differ from those estimates.

A significant estimate used in the preparation of these financial statements includes investments recorded at fair market value, for which the ultimate realization of the investments is based upon future economic factors related to the investments.

For the aforementioned estimate, it is reasonably possible that the recorded amounts or related disclosures could significantly change in the near future as new information becomes available.

Information Certified by Investment Advisor – Information concerning Plan investments and related transactions has been certified by Associated Trust Company, N.A. as being complete and accurate.

3. Investments

Plan investments at December 31, 2009 are as follows.

Equities:	
Growth Balanced Lifestage Fund	$ 79,592
Aggressive Growth Lifestage Fund	1,531
Davis New York Venture Fd CL A	11,538
Eagle Mid Cap Stock Fd R5	12,414
Europacific Growth Fund R6	42,265
Growth Fund of America	55,064
Harbor Fd International Fd	32,801
Royce Fds Pennsylvania Mutual Fd	21,017
Third Avenue Value Fd Com	891
Vanguard Index 500 Fd Investor Shs	58,405
Vanguard Small Cap Index Fd Invstr	21,163
Vanguard Mid-Cap Index Fd	14,341
Wasatch Small Cap Growth Fd	7,990
Fixed Income Securities:	
Money Market Fund	128,455
Conservative Balanced Lifestage Fund	4,977
PIMCO Total Return Fd	86,413
PIMCO Pac Invt Mgmt High Yield Fd	4,370
Miscellaneous:	
Master Loan	45,082
Accrued Income:	
Dividends	441
	$ 628,750

4. **Plan Termination**

   Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

5. **Related Party Transactions**

   Most expenses incurred in the administration of the Plan are paid by the Company.

6. **Income Tax Status**

   The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan administrator believes that the Plan continues to qualify and operate as designed.

Administrative Resource Options 401(k) Profit Sharing Plan and Trust
Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes
December 31, 2009

EIN: 36-3730340

(a)	(b) Identity of Issuer / (c) Description of Investment		(d) Fair Value
	Associated Trust Company:		
	Equity Common Trust Funds:		
	Growth Balanced Lifestage Fund	$	79,593
	Aggressive Growth Lifestage Fund		1,531
	Equity Mutual Funds:		
	Davis New York Venture Fd CL A		11,538
	Eagle Mid Cap Stock Fd R5		12,414
	Europacific Growth Fund R6		42,265
	Growth Fund of America R6		55,064
	Harbor Fd International Fd		32,801
	Royce FDS Pennsylvania Mutual Fd		21,017
	Third Avenue Value Fd Com]		891
	Vanguard Index 500 Fd Investor Shs		58,405
	Vanguard Small Cap Index Fd Invstr		21,163
	Vanguard Mid-Cap Index Fd		14,341
	Wasatch Small Cap Growth Fd		7,990
	Fixed Income Common Trust Funds:		
	Money Market Fund		128,456
	Conservative Balanced Lifestage Fund		4,977
	Fixed Income Mutual Funds:		
	PIMCO Total Return Fd		86,413
	PIMCO Pac Ionvt Mgmt High Yield Fd		4,370
	Loan Fund:		
	Participant Loans		45,082
	Accrued Interest:		
	Interest		441
	Total	$	628,750

See accompanying notes and independent auditor's report.

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/09

ACCOUNT NO. 93-C931-01-6 ADMINISTRATIVE RESOURCE OPTIONS
401K P/S PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
CASH AND EQUIVALENTS							
	0	CASH	.00 .000	.00 .000		0	0.00
		TOTAL CASH AND EQUIVALENTS	.00	.00	.00	0	0.00
EQUITIES							
EQUITY COMMON TRUST FUNDS							
999999-35-2	4,858.855	GROWTH BALANCED LIFESTAGE FUND	65,071.03 13.392	79,592.56 16.380	12.66	1,535	1.93
999999-39-4	88.991	AGGRESSIVE GROWTH LIFESTAGE FUND	1,115.23 12.532	1,530.87 17.202	.24	17	1.12
		TOTAL EQUITY COMMON TRUST FUNDS	66,186.26	81,123.43	12.90	1,552	1.91
EQUITY MUTUAL FUNDS							
239080-10-4	372.434	* DAVIS NEW YORK VENTURE FD CL A	9,550.02 25.642	11,538.01 30.980	1.84	78	0.68
269858-82-5	534.405	EAGLE MID CAP STOCK FD R5	10,034.21 18.776	12,414.23 23.230	1.97	0	0.00
298706-82-1	1,102.372	EUROPACIFIC GROWTH FUND R6	41,587.53 37.725	42,264.94 38.340	6.72	0	0.00
399874-81-7	2,014.789	GROWTH FUND OF AMERICA R6	52,775.54 26.194	55,064.18 27.330	8.76	560	1.02
411511-30-6	597.801	* HARBOR FD INTERNATIONAL FD	25,033.36 41.876	32,801.34 54.870	5.22	421	1.28

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/09

ACCOUNT NO. 93-C931-01-6 ADMINISTRATIVE RESOURCE OPTIONS
401K P/S PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES		DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
780905-84-0	2,224.009	*	ROYCE FDS PENNSYLVANIA MUTUAL FD	18,422.60 8.284	21,016.89 9.450	3.34	17	0.08
884116-10-4	19.229	*	THIRD AVENUE VALUE FD COM	616.18 32.044	890.69 46.320	.14	21	2.46
922908-10-8	568.859	*	VANGUARD INDEX 500 FD INVESTOR SHS	50,203.33 88.253	58,404.75 102.670	9.29	1,196	2.05
922908-70-2	769.844	*	VANGUARD SMALL CAP INDEX FD INVSTR	18,511.93 24.046	21,163.01 27.490	3.37	212	1.00
922908-84-3	876.601	*	VANGUARD MID-CAP INDEX FD	11,281.39 12.869	14,341.19 16.360	2.28	159	1.11
936772-10-2	260.763	*	WASATCH SMALL CAP GROWTH FD	5,972.30 22.903	7,989.78 30.640	1.27	0	0.00
			TOTAL EQUITY MUTUAL FUNDS	243,988.39	277,889.01	44.20	2,664	0.96
			TOTAL EQUITIES	310,174.65	359,012.44	57.10	4,216	1.18
			FIXED INCOME SECURITIES					
			FIXED INCOME COMMON TRUST FUNDS					
999999-19-6	87,428.669		MONEY MARKET FUND	127,807.87 1.462	128,455.67 1.469	20.43	0	0.00
999999-33-7	338.775		CONSERVATIVE BALANCED LIFESTAGE FUND	4,336.74 12.801	4,976.76 14.690	.79	134	2.70
			TOTAL FIXED INCOME COMMON TRUST FUNDS	132,144.61	133,432.43	21.22	134	0.10

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/09

ACCOUNT NO. 93-C931-01-6 ADMINISTRATIVE RESOURCE OPTIONS
401K P/S PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
		FIXED INCOME MUTUAL FUNDS					
693390-70-0	8,001.196 408.98	* PIMCO TOTAL RETURN FD	82,466.16 10.307	86,412.92 10.800	13.74	2,770	3.21
693390-84-1	496.561 31.54	* PIMCO PAC INVT MGMT HIGH YIELD FD	3,542.09 7.133	4,369.74 8.800	.69	358	8.19
		TOTAL FIXED INCOME MUTUAL FUNDS	86,008.25	90,782.66	14.44	3,128	3.45
		TOTAL FIXED INCOME SECURITIES	218,152.86	224,215.09	35.66	3,262	1.46
		MISCELLANEOUS					
MS1029-78-9	45,081.960	MASTER LOAN	45,081.96 1.000	45,081.96 1.000	7.17	0	0.00
		TOTAL MISCELLANEOUS	45,081.96	45,081.96	7.17	0	0.00
		TOTAL ASSETS	573,409.47	628,309.49			
		ACCRUED INCOME					
		INTEREST	440.52	440.52	.07		
		TOTAL ACCRUED INCOME	440.52	440.52	.07		
		TOTAL ASSETS PLUS ACCRUED INCOME	573,849.99	628,750.01			