

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 04/30/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☒ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☒ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☒ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information	
1a Name of plan	1b Three-digit plan number (PN) ▶	003
TNS RETIREMENT & SAVINGS PLAN	1c Effective date of plan	01/31/1990
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN)	06-1327424
TNS NA, INC	2c Sponsor's telephone number	215-442-7087
410 HORSHAM RD HORSHAM, PA 19044	2d Business code (see instructions)	541910
410 HORSHAM RD HORSHAM, PA 19044		

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	EMILY MASCARENHAS
	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") TNS NA, INC 410 HORSHAM RD HORSHAM, PA 19044		3b Administrator's EIN 06-1327424	
3c Administrator's telephone number 215-442-7087			

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	3508
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	2146
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	2146
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	2146
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2T 3H

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 04/30/2009		
A Name of plan TNS RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 TNS NA, INC	D Employer Identification Number (EIN) 06-1327424	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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 60	RECORDKEEPER	38909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIRA AND KOLENA

34-1840794

(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?
49	OTHER SERVICES	7000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING

22-2232264

(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?
16	CONSULTANT	22027	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:

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
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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**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**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 04/30/2009		
A Name of plan TNS RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 TNS NA, INC	D Employer Identification Number (EIN) 06-1327424	

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)	182708	0
(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)		
(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)	1452833	0
(9) Value of interest in common/collective trusts.....	1c(9)	17734551	0
(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)	49010489	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	68380581	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	68380581	0
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1069076	
(B) Participants	2a(1)(B)	3616766	
(C) Others (including rollovers)	2a(1)(C)	46545	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4732387

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)	33885	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33885

(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)	192586	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		192586

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1099166
(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)		-103112
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5954912

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9602742	
(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)		9602742
f Corrective distributions (see instructions)	2f		69697
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	50250	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		50250
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9722689

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3767777
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		64612804

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MIRA & KOLENA

(2) EIN: 34-1840794

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE SAVINGS & INVESTMENT PLAN	13-3980559	001

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.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 04/30/2009

A Name of plan <u>TNS RETIREMENT & SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TNS NA, INC</u>	D Employer Identification Number (EIN) <u>06-1327424</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements

TNS RETIREMENT AND SAVINGS PLAN

For the Period Ended April 30, 2009 and
Year Ended December 31, 2008
with Independent Auditors' Report

TNS Retirement and Savings Plan

Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

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Audited Financial Statements

Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
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Note – Schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



MIRA+KOLENA

Certified Public Accountants & Consultants

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of Certified Public
Accountants

Ohio Society of
Certified Public
Accountants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
TNS Retirement and Savings Plan

We were engaged to audit the financial statements of TNS Retirement and Savings Plan as of April 30, 2009 and December 31, 2008. These financial statements 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, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed the investment transactions. The Plan administrator has obtained certifications from the Trustee as of April 30, 2009 and December 31, 2008 and for the periods then ended 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 taken as a whole. The form and content of the information included in the financial statements 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.

Mira + Kolena, Ltd.

October 5, 2010

TNS Retirement and Savings Plan

Statements of Net Assets Available for Benefits

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value:		
Mutual funds	\$ -	\$ 49,010,485
Common collective trust funds	-	17,734,551
Participant loans	-	1,495,016
	<u>-</u>	<u>68,240,052</u>
Receivables:		
Participant	-	240,947
Employer	-	58,391
	<u>-</u>	<u>299,338</u>
Total assets	-	68,539,390
Liabilities - excess contributions payable	<u>-</u>	<u>(100,562)</u>
Net assets reflecting all investments at fair value	-	68,438,828
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>-</u>	<u>956,637</u>
Net assets available for benefits	<u><u>\$ -</u></u>	<u><u>\$ 69,395,465</u></u>

See accompanying notes to financial statements.

TNS Retirement and Savings Plan

Statements of Changes in Net Assets Available for Benefits

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

	<u>2009</u>	<u>2008</u>
Additions to (reductions from) net assets available for benefits:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 233,316	\$ (25,440,014)
Interest income	<u>35,311</u>	<u>102,073</u>
	268,627	(25,337,941)
Contributions:		
Participant	3,375,817	10,072,147
Employer	1,193,394	2,604,229
Rollover	<u>46,545</u>	<u>220,454</u>
	4,615,756	12,896,830
Transfer to successor plan	(64,657,721)	-
Transfer from predecessor plan	<u>-</u>	<u>1,571,903</u>
Total reductions	(59,773,338)	(10,869,208)
Deductions from net assets available for benefits:		
Benefits paid to participants	9,571,877	8,945,408
Administrative and trustee fees	<u>50,250</u>	<u>205,497</u>
Total deductions	<u>9,622,127</u>	<u>9,150,905</u>
Net decrease in net assets available for benefits	(69,395,465)	(20,020,113)
Net assets available for benefits at beginning of year	<u>69,395,465</u>	<u>89,415,578</u>
Net assets available for benefits at end of year	<u><u>\$ -</u></u>	<u><u>\$ 69,395,465</u></u>

See accompanying notes to financial statements.

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

1. Description of Plan

The following summary description of the TNS Retirement and Savings Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information on the provisions and operation of the Plan.

General

The Plan is a defined contribution plan which covers all eligible employees of the plan sponsor, TNS North America, Inc. ("Company") and the following subsidiaries: Competitive Media Reporting, LLC, TNS Intersearch Corporation, Indetech International, Inc., TNS Healthcare, Inc., Cymfony, Inc. and Landis Strategy and Innovation, LLC. In November 2008, the Company agreed to merge the assets of Cymfony, Inc. 401(k) Profit Sharing Plan and Trust and Landis Strategy and Innovation, LLC 401(k) Plan into the Plan. Assets which totaled \$1,571,903 was transferred to the Plan in 2008 (see Note 3).

The Plan covers eligible employees who are at least 21 years of age and have completed one year of service in the year, have worked over 1,000 hours during the Plan year, and are age 21 or older. Plan entry dates for participants are the first day of the quarter following the date an employee meets the Plan eligibility requirements. An employee of the Company who was a participant in the Interpublic Group of Companies, Inc. Savings Plan ("Predecessor Plan") on July 10, 2003 is eligible to be a participant in the Plan. The Plan was established as of October 1, 2003 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective April 30, 2009, the Plan was merged into The Savings and Investment Plan (see Note 10).

Trust Agreement

Assets of the Plan until April 30 were held for safekeeping and investment by the Trustee, Fidelity Management Trust Company ("Trustee"), under an agreement with the Trustee.

Accounting Standards Codification

In 2009, the Plan adopted Financial Accounting Standards Board ("FASB") Statement No. 168, *The FASB Accounting Standards Codification ("ASC") and The Hierarchy of Generally Accepted Accounting Principles*. The ASC became the source of authoritative generally accepted accounting principles ("GAAP") recognized by the FASB to be applied by nongovernmental entities. The ASC supersedes all existing accounting and reporting standards. GAAP is not intended to be changed as a result of this statement, but will change the way the guidance is organized and presented. The Plan has implemented the ASC in the accompanying financial statements by providing references to the ASC topics.

Contributions

Plan participants may elect to contribute from 1% to 25% of their pre-tax salary not to exceed \$16,500 (\$15,500 in 2008). In addition, participants over age 50 can contribute up to an additional \$5,500 (\$5,000 in 2008). Participants may make after-tax contributions to the Plan and also contribute

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

1. Description of Plan - continued

Contributions – continued

amounts representing distributions from other qualified defined contribution plans and certain individual retirement accounts. The Company makes matching contributions equal to 40% of the first 6% of eligible compensation that a participant contributes to the Plan, except for participants of certain subsidiaries who receive matching contributions equal to 50% of participant contributions subject to the above compensation limit. Eligible employees to the Plan may make Roth 401(k) contributions which will be maintained in a separate account and subject to matching contributions.

In March 2009, the Plan returned contributions totaling \$102,562 to certain participants to satisfy the relevant nondiscrimination provisions of the Plan. Contributions received from participants each year are net of any excess deferral contributions which are required to satisfy the relevant nondiscrimination provisions of the Plan. As this amount was paid in March 2009, this amount has been reflected as a liability in the statement of net assets available for benefits at December 31, 2008. There were no excess contributions at April 30, 2009.

Participant Accounts

Each participant account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations of Plan earnings are based on participant account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans

Participants can borrow against their outstanding account balance. The minimum amount a participant may borrow is \$1,000. Total loans to a participant cannot exceed the lesser of \$50,000 or 50% of their vested account balance. The amount of any loan will be withdrawn in a ratio that is proportionate to the participant's balance in each investment fund. Loans shall bear interest at the prime lending rate plus 1% (4.25% at December 31, 2008) and interest rates ranged from 5% to 10.5%. Loans are repayable within five years from the date of borrowing except for a loan to purchase a primary residence, which may be made for a period of up to 10 years. As loans are repaid through payroll deductions, both the principal and interest are deposited to the participant's current investment fund elections. The vested portion of a participant's investment account is pledged as collateral for the loan.

Vesting

Participant contributions to the Plan plus actual earnings thereon are vested immediately. The Company's matching contribution and discretionary contribution portion of their accounts plus actual earnings thereon is vested based on years of service. A participant vests 100% after three years of service.

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

1. Description of Plan - continued

Investments

The Plan holds its investments under a trust agreement with the Trustee at April 30, 2009 and December 31, 2008 to serve as a custodian of the investments held on behalf of participants. The Plan allows for investment of a participant's account balance in twenty-three different mutual fund and common collective trust fund investment options. Participants may change their investment options at any time throughout the year.

Payment of Benefits

On termination of service due to death, disability, normal retirement at age 65 or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments over a specified period of time, or a joint and survivor annuity. Benefits are recorded when paid.

Forfeitures

At April 30, 2009, there were no forfeited non-vested accounts (at December 31, 2008, there were \$174,601 of forfeited non-vested accounts). These accounts are used to reduce Company contributions and to pay Plan administrative expenses.

Subsequent Events

The Plan as adopted ASC 855, *Subsequent Events*, and has evaluated subsequent events through October 5, 2010, the date the financial statements are available to be issued.

2. Summary of Accounting Policies

General

The financial statements of the TNS Retirement and Savings Plan are prepared on the accrual basis.

Investment Valuation and Income Recognition

Investment transactions are recorded by the Trustee on a trade date basis. Marketable securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the year. The current value of shares in mutual funds is based on the redemption values on the last business day of the year. The current value in shares of common collective trust funds is based on fair market value with any investments held in fully-benefit responsive contracts adjusted to contract value (see below). Changes in the net realized and unrealized appreciation or depreciation in the fair value of investments are reflected in the statements of changes in net assets available for benefits. Realized gains and losses from the sales of investments are determined on the basis of average cost. Dividend income is recorded on the ex-dividend date and income from loans and debt securities is recorded as earned.

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

2. Summary of Accounting Policies - continued

Investment Valuation and Income Recognition - continued

As described in FASB ASC 962-325-50-3 (formerly Statement of Position 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans), investment contracts held by defined contribution plans are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by ASC 962, the statement of net assets available for benefits presents the fair value of the investment contracts held by common collective trust funds as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits reflects the investment activity from these investments on a contract value basis.

Contributions

Participant contributions are recorded in the period during which the Company and its subsidiaries makes payroll deductions for the participants' compensation. Company matching contributions are recorded in the same period based on participant contributions.

Administrative Expenses

Substantially all administrative expenses are paid by the Plan; however, certain administrative expenses are paid by the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported as assets, liabilities, charges therein, and related disclosures in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Information Certified by the Trustee (Unaudited)

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate in accordance with Section 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 by the trustee as of April 30, 2009 and December 31, 2008 and for the period ended April 30, 2009 and year ended December 31, 2008:

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

3. Information Certified by the Trustee (Unaudited) - continued

	2009	2008
Assets		
Investments, at fair value:		
Mutual funds:		
Fidelity Funds:		
Contrafund	\$ -	\$ 2,677,565
Capital Appreciation	-	3,918,446
Diversified International	-	4,947,864
Freedom Income	-	243,306
Freedom 2000	-	30,260
Freedom 2010	-	538,106
Freedom 2020	-	844,121
Freedom 2030	-	1,000,517
Freedom 2040	-	791,745
Freedom 2005	-	86,718
Freedom 2015	-	5,873,360
Freedom 2025	-	1,368,424
Freedom 2035	-	792,844
Freedom 2045	-	33,185
Freedom 2050	-	11,574
PIMCO Total Return Institutional Fund	-	5,500,572
American Beacon Large Cap Value Fund	-	3,474,064
Rainer Small/Mid Cap Equity Fund	-	3,465,291
Wells Fargo Advisors Small Cap Value A Fund	-	2,635,939
Baron Small Cap Fund	-	1,133,448
Goldman Sachs Mid Cap Value A Fund	-	744,489
Spartan U.S. Equity Index Fund	-	8,898,647
	-	49,010,485
Common collective trust funds:		
Fidelity Managed Income Portfolio Fund	-	18,691,188
	-	67,701,673
Participant loans	-	1,495,016
	\$ -	\$ 69,196,689

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

3. Information Certified by the Trustee (Unaudited) – continued

	2009	2008
Transactions		
Balance at beginning of period	\$ 69,395,465	\$ 89,500,454
Additions (reductions):		
Contributions	4,716,318	12,613,178
Interest income	35,311	102,073
Transfer from predecessor plans	-	1,571,903
Transfer to successor plan	(64,657,721)	-
Net appreciation (depreciation) in fair value of investments	233,316	(25,440,014)
	(59,672,776)	(11,152,860)
Deductions:		
Benefit payments	9,672,439	8,945,408
Administrative expenses	50,250	205,497
	9,722,689	9,150,905
Balance at end of period	\$ -	\$ 69,196,689

The amounts in the above information certified by the Trustee are based on the fair value of assets, except for fully benefit-responsive investment contracts which are based on contract values. The interest crediting rate for the Fidelity Managed Income Portfolio Fund for 2009 was 1.20% (3.04% in 2008). In November 2008, \$1,571,903 was transferred to the Trustee from the Cymfony, Inc. 401(k) Profit Sharing Plan and Trust Plan and the Landis Strategy and Innovation, LLC 401(k) Plan. In April 2009, the Plan was merged and subsequently, assets of \$64,657,721 were transferred to Vanguard Investment Management Services, Inc., the trustee of The Savings and Investment Plan (see Note 10).

4. Investments

The Plan has the following assets at April 30, 2009 and December 31, 2008 which exceeded 5% of Plan assets as of the beginning of the plan year:

	2009	2008
Spartan U.S. Equity Index Fund	\$ -	\$ 8,898,647
Fidelity Mutual Funds:		
Diversified International	-	4,947,864
Freedom 2015	-	5,873,360
Fidelity Managed Income Portfolio Fund	-	18,691,188
PIMCO Total Return Institutional Fund	-	5,500,572

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

4. Investments - continued

For the period ended April 30, 2009 and year ended December 31, 2008, the Plan's total investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Mutual funds:		
Fidelity Contrafund	\$ (13,317)	\$ (1,143,496)
Fidelity Capital Appreciation Fund	55,228	(2,796,781)
Fidelity Diversified International Fund	(138,125)	(4,023,018)
Fidelity Freedom Income Fund	6,613	(30,205)
Fidelity Freedom 2000 Fund	6,127	(4,130)
Fidelity Freedom 2010 Fund	10,302	(203,349)
Fidelity Freedom 2020 Fund	11,063	(348,122)
Fidelity Freedom 2030 Fund	12,984	(431,560)
Fidelity Freedom 2040 Fund	16,606	(421,867)
Fidelity Freedom 2005 Fund	(2,283)	(15,544)
Fidelity Freedom 2015 Fund	62,039	(2,272,999)
Fidelity Freedom 2025 Fund	28,925	(626,141)
Fidelity Freedom 2035 Fund	10,101	(399,399)
Fidelity Freedom 2045 Fund	3,899	1,312
Fidelity Freedom 2050 Fund	1,497	(143)
American Beacon Large Cap Value Fund	(134,107)	(2,372,567)
Rainier Small/Mid Cap Equity Fund	51,620	(3,255,503)
Wells Fargo Advisors Small Cap Value A Fund	112,438	(1,553,301)
Baron Small Cap Fund	53,687	(625,793)
Goldman Sachs Mid Cap Value A Fund	4,957	(368,744)
Spartan U.S. Equity Index Fund	(231,915)	(5,416,736)
PIMCO Total Return Institutional Fund	160,345	216,299
	<u>88,684</u>	<u>(26,091,787)</u>
Common collective trust funds:		
Fidelity Managed Income Portfolio Fund	144,632	656,969
	<u>144,632</u>	<u>656,969</u>
Common stock - Interpublic Group of Companies, Inc.	-	(5,196)
	<u>\$ 233,316</u>	<u>\$ (25,440,014)</u>

5. Fair Value Information

The Organization has adopted the required portion of ASC 820, *Fair Value Measurements and Disclosures* (formerly SFAS No. 157, *Fair Value Measurements*) relating to assets and liabilities. ASC 820 establishes a framework for measuring fair value and requires expanded disclosure about the information used to measure fair value. ASC 820 establishes a three-tier value hierarchy which prioritizes the inputs used in measuring fair value.

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

5. Fair Value Information – continued

The following is a list of the different levels in the fair value hierarchy based on the data and/or methods used to determine fair value:

- Level 1: Quoted market prices in active markets for identical assets or liabilities
- Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data for substantially the full terms of the asset or liability
- Level 3: Unobservable inputs reflecting management's assumptions that are significant to the measurement of fair value

The asset's fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement. 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following is a description of the valuation methodologies used for assets measured at fair value:

- Mutual funds – These investments are valued at the net asset value of the shares held by the Plan at year-end.
- Common collective trusts – Valued at the unit prices established by the sponsors of the fund on the last business day of the Plan year, based on the fair value of the assets underlying fund.
- Participant loans – These investments are valued at cost which approximates fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$49,010,485	\$ -	\$ -	\$49,010,485
Common collective trusts	-	18,691,188	-	18,691,188
Participant loans	-	-	1,495,016	1,495,016
	<u>\$49,010,485</u>	<u>\$18,691,188</u>	<u>\$1,495,016</u>	<u>\$69,196,689</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets (participant loans) for the period ended April 30, 2009 and year ended December 31, 2008:

	2009	2008
Balance at December 31, 2008	\$ 1,495,016	\$ 1,203,527
New loans	183,497	859,440
Repayments	(372,290)	(567,951)
Transfer to successor plan	(1,306,223)	-
Balance at April 30, 2009	<u>\$ -</u>	<u>\$ 1,495,016</u>

TNS Retirement and Savings Plan

Notes to Financial Statements

For the Period Ended April 30, 2009 and Year Ended December 31, 2008

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated April 7, 2004 stating that the Plan is qualified under Section 401 (a) of the Internal Revenue Code ("Code") and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

7. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Participants will become fully vested in the event the Plan is terminated.

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the Trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid to the Plan for the investment and other services amounted to \$38,909 and \$62,085 in 2009 and 2008, respectively.

9. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net decrease in net assets available for benefits per the financial statements for the period ended April 30, 2009 to Schedule H of Form 5500:

Net decrease in net assets available for benefits per the financial statements	\$ (69,395,465)
Net investment income	42,156
Contract value adjustment for fully-benefit responsive contracts	956,637
Employee contributions	140,387
Employer contributions	(124,296)
Net decrease in net assets available for benefits per Schedule H of Form 5500	<u>\$ (68,380,581)</u>

10. Plan Merger

In October 2008, the Company was acquired by WPP Group USA, Inc. In April 2009, the Company agreed to merge the Plan into a successor plan, The Savings and Investment Plan, and all assets and the related participant accounts totaling \$64,657,721 were transferred to the successor plan.