

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
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan C.R.M.I. 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 02/01/1997
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CORPORATE RESOURCE MANAGEMENT INCORPORATED JANIS EDWARDS 11318 N. MAY, SUITE D OKLAHOMA CITY, OK 73120	2b Employer Identification Number (EIN) 73-1507700 2c Sponsor's telephone number 405-936-0110 2d Business code (see instructions) 541990

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.	10/15/2010	JANIS EDWARDS
	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") CORPORATE RESOURCE MANAGEMENT INCORPORATED JANIS EDWARDS 11318 N. MAY, SUITE D OKLAHOMA CITY, OK 73120	3b Administrator's EIN 73-1507700 3c Administrator's telephone number 405-936-0110
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	3396
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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	2605
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	576
d Subtotal. Add lines 6a , 6b , and 6c	6d	3181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	3182
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1109
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10

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 2K 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) ☒ 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)

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 12/31/2009

A Name of plan C.R.M.I. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CORPORATE RESOURCE MANAGEMENT INCORPORATED	D Employer Identification Number (EIN) 73-1507700

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
38 64 65	NONE	66863	Yes ☒ No ☐	Yes ☐ No ☒	46831	Yes ☐ No ☒

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

PENSION SOLUTIONS, INC.

73-1521434

(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?
13 17 38 49 15	NONE	73406	Yes ☒ No ☐	Yes ☐ No ☒	15155	Yes ☐ No ☒

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

CAMBRIDGE INVESTMENT RESEARCH

1776 PLEASANT PLAN RD.
FAIRFIELD, IA 52556-8757

31-1332744

(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?
72	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	56758	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan C.R.M.I. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CORPORATE RESOURCE MANAGEMENT INCORPORATED	D Employer Identification Number (EIN) 73-1507700	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21909	43483
(2) Participant contributions	1b(2)	38119	82775
(3) Other.....	1b(3)	6296	8697
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)	293373	479120
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	9917902	14163680
(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	10277599	14777755

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10277599	14777755
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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)	807306	
(B) Participants	2a(1)(B)	1568418	
(C) Others (including rollovers)	2a(1)(C)	34853	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2410577

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)	22497	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22497

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

		(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)		
(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)		2838212
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5271286

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	697724	
(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)		697724
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	73406	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		73406
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		771130

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4500156
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: EIDE BAILLY, LLP

(2) EIN: 45-0250958

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		533326
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan C.R.M.I. 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CORPORATE RESOURCE MANAGEMENT INCORPORATED		D Employer Identification Number (EIN) 73-1507700
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
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): 31-1592130		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2009 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



Financial Statements
December 31, 2009 and 2008
C.R.M.I. 401(k) Plan

Financial Statements

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Independent Auditor's Report

The Plan Administrator
C.R.M.I. 401(k) Plan
Oklahoma City, Oklahoma

We were engaged to audit the accompanying statements of net assets available for benefits of the C.R.M.I. 401(k) Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedules of (1) Schedule H, Line 4i-Schedule of Assets Held At End of Year as of December 31, 2009, and (2) Schedule H, Line 4a-Schedule of Delinquent Participant Contributions as of December 31, 2009. These financial statements and supplemental schedules 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 5, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

A handwritten signature in black ink that reads "Eide Bailly LLP".

Oklahoma City, Oklahoma
October 14, 2010

C.R.M.I. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value	\$ 14,642,800	\$ 10,211,275
Contributions receivable:		
Participant	82,775	38,119
Employer	43,483	21,909
Other receivables	<u>8,697</u>	<u>6,296</u>
Net Assets Available for Benefits	<u><u>\$ 14,777,755</u></u>	<u><u>\$ 10,277,599</u></u>

C.R.M.I. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Investment income	
Net appreciation in fair value of investments	\$ 2,838,212
Interest and dividends	22,497
Total investment income	<u>2,860,709</u>
Contributions	
Participant	1,568,418
Employer	807,306
Rollover	34,853
Total contributions	<u>2,410,577</u>
Deductions	
Benefits paid to participants	(697,724)
Administrative expenses	(73,406)
Total deductions	<u>(771,130)</u>
Net Increase	4,500,156
Net Assets Available for Benefits	
Beginning of year	<u>10,277,599</u>
End of year	<u><u>\$ 14,777,755</u></u>

Note 1 - Description of Plan

The following brief description of the C.R.M.I. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering qualified employees of Corporate Resource Management, Inc. (the Employers and Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Nationwide Trust Company, FSB, will serve as the Plan's custodian.

Eligibility

Employees of Corporate Resource Management, Inc., and related entities (Corporate Resource Services, Inc., Missouri Corporate Resource, Inc., Illinois Corporate Resource, Inc., Oklahoma Corporate Resource, Inc., Texas Corporate Resource, Inc., Arkansas Corporate Resource, Inc., Colorado Corporate Resource, Inc., Kansas Corporate Resource, Inc., Wisconsin Corporate Resource, Inc., Corporate Business Services, Inc., Treats Solutions, Inc., and Cottage Care of Virginia) are eligible to participate in the Plan upon employment.

Entry Date

Employees may enter the Plan on the first day of the month coinciding with or following the date they satisfy the Plan's eligibility requirements.

Contributions

Each year, participants may contribute up to 80% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations, \$16,500 in 2009. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$5,500 in 2009. The Plan allows participants to designate contributions as Roth 401(k) contributions.

The employer makes safe harbor matching contributions. The safe harbor matching contribution is 100% of the participant deferral up to 3% of compensation. An additional 50% is matched on the participant deferral between 3% and 5%. In addition, the Plan allows employer discretionary matching contributions which may be contributed at the discretion of the Company's management. For the year ended December 31, 2009 the employer contributed safe harbor matching contributions of \$807,306. There were no employer discretionary matching contributions made during the year ended December 31, 2009.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participants' Accounts

Each participant's account is credited with the participant's contribution, the Company's safe harbor matching contribution (if any), and allocations of the Company's discretionary matching contribution (if any) and plan earnings, and charged with withdrawals and an allocation of Plan losses and administrative expenses. Allocations are based on participant's earnings or account balances, as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct participant and employer contributions in any of the funds offered by the Plan. The investment options as of December 31, 2009 are presented in a supplemental schedule. Participants may change their investment options at any time by telephone or online access with the custodian

Vesting

Participants are immediately vested in their participant deferrals and safe harbor matching contributions plus actual earnings thereon. Vesting in the employer discretionary matching contribution (if any) and related earnings are based on years of continuous service.

Vesting is based on years of credited services as set forth in the following table:

<u>Participants Years of Service</u>	<u>Non-Forfeitable Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeitures

Participants leaving the Plan forfeit their non-vested employer discretionary matching contributions. The non-vested amounts are forfeited on the earlier of the distribution of the participant's entire vested account balance, or once the participant incurs five consecutive one-year Breaks in Service.

As of December 31, 2009 and 2008, forfeited non-allocated accounts totaled \$42,228 and \$23,470, respectively. These amounts can be used to pay Plan expenses or reduce future employer contributions. During the year ended December 31, 2009, \$24,893 of forfeitures were used to reduce Plan expenses.

Participant Loans

Participants may borrow from their fund accounts, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed, as determined quarterly by the Plan administrator. Interest rates range from 5.25% to 10.76%. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, unless the proceeds of the loan were used to acquire the participant's residence, in which case the loan will be 10 years. A participant may have no more than two loans outstanding at any one time.

Payment of Benefits

Upon termination of service for reasons other than death, disability, or retirement, a participant or designated beneficiary (if applicable) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or partial lump sum payments as defined in the Plan Agreement.

A terminated participant with a balance of less than \$1,000 may be automatically paid out by the Plan upon termination. In addition, if a participant attains age 60 while still employed by the Company, he or she may elect to withdrawal all or a portion of his or her vested balance. Certain early distributions made upon early termination of employment may be subject to a penalty. A disabled participant may request a distribution as soon as administratively feasible following the date the participant becomes disabled.

Upon retirement at normal retirement age of 65, the participant is entitled to receive his or her entire account balance. In addition, if a participant attains age 65 while still employed by the Company, he or she may elect to withdraw all or a portion of his or her vested balance. A participant who retires due to a disability will also be entitled to 100% of their account balance.

Death Benefits

The designated beneficiary is entitled to 100% of the participant's balance if the participant was employed at the time of death. If the participant was not employed at the time of death, the designated beneficiary is entitled to a death benefit distribution equal to the participant's vested account balance.

Hardship Withdrawals

Hardship withdrawals are permitted up to the amount of the participant's salary deferrals. A hardship withdrawal may be made to satisfy certain immediate and heavy financial needs borne by the participant. A hardship distribution may only be made for payment of the following:

- to pay medical expenses of participant, spouse or dependents;
- costs directly related to the purchase of the participant's principal residence (excluding mortgage payments);
- tuition, related educational fees, and room and board expenses for the next twelve months of post-secondary education for the participant, spouse, or dependents;
- amounts necessary to prevent the foreclosure on the mortgage or the eviction of the participant from his or her principal residence;
- payments for burial or funeral expenses for your deceased parent, spouse, children or other dependents; or
- expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under the Internal Revenue Code.

Upon receipt of a hardship withdrawal, the participant will be suspended from contributing to the Plan for a period of at least 6 months.

Other

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 set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 2 - Significant Accounting Policies and Use of Estimates

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Fees

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. Additionally, a portion of the administrative expenses of the Plan are paid by the Plan Sponsor as provided in the Plan document.

Subsequent Events

The Plan sponsor has evaluated subsequent events through October 14, 2010, the date which the financial statements were available to be issued.

Note 3 - Investments

The Plan's investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008, are as follows:

	2009	2008
Growth Fund of America R3	\$ 2,496,567	\$ 1,736,925
NW S&P 500 Index SC	1,472,534	1,044,541
Oakmark Global Fund II	1,413,205	959,114
NW Govt Bond A	1,208,729	1,096,846
Van Kamp Comstock Fd A	1,058,718	755,552
T Rowe Pr Gr Stk Fnd R Shs	851,873	*
Eagle Series Tr MdCap Gr A	816,152	594,079
Harbor Sm Cap Gr Fd Inv Cl	765,928	*

* Investment balances less than 5% of the Plan's net assets for the applicable year.

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Net appreciation in fair value of investments	
Mutual Funds	<u>\$ 2,838,212</u>

The classification of investment earnings reported above and in the statement of changes in net assets may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Note 4 - Fair Value Measurements

FASB Accounting Standards Codification Topic ASC 820, "Fair Value Measurements and Disclosures", establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the authoritative guidance are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

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

Money market deposit accounts: Valued at the carrying value, which approximates fair value, based on amount of net contributions plus any investment earnings allocated to the account.

Participant loans: Valued at the outstanding loan balance, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

2009				
	(Level 1)	(Level 2)	(Level 3)	(Total)
Mutual Funds				
Large Cap Stock Funds	\$ 6,630,117	\$ -	\$ -	\$ 6,630,117
Bond Funds	2,052,910	-	-	2,052,910
International Stock Funds	1,429,571	-	-	1,429,571
Mid Cap Stock Funds	1,442,409	-	-	1,442,409
Balanced Funds	1,301,731	-	-	1,301,731
Small Cap Stock Funds	779,541	-	-	779,541
Specialty Funds	82,647	-	-	82,647
Short Term Bonds	11,968	-	-	11,968
Total Mutual Funds	13,730,894	-	-	13,730,894
Money Market Funds	432,786	-	-	432,786
Participant loans	-	-	479,120	479,120
Total investments at fair value	<u>\$ 14,163,680</u>	<u>\$ -</u>	<u>\$ 479,120</u>	<u>\$ 14,642,800</u>
2008				
	(Level 1)	(Level 2)	(Level 3)	(Total)
Mutual Funds				
Large Cap Stock Funds	\$ 4,428,599	\$ -	\$ -	\$ 4,428,599
Bond Funds	1,287,827	-	-	1,287,827
International Stock Funds	962,732	-	-	962,732
Mid Cap Stock Funds	1,376,079	-	-	1,376,079
Balanced Funds	899,633	-	-	899,633
Small Cap Stock Funds	543,173	-	-	543,173
Specialty Funds	42,136	-	-	42,136
Short Term Bonds	6,167	-	-	6,167
Total Mutual Funds	9,546,346	-	-	9,546,346
Money Market Funds	371,556	-	-	371,556
Participant loans	-	-	293,373	293,373
Total investments at fair value	<u>\$ 9,917,902</u>	<u>\$ -</u>	<u>\$ 293,373</u>	<u>\$ 10,211,275</u>

Level 3 Gains and Losses

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

	Participant Loans
Balance, beginning of year	\$ 293,373
Realized gains (losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements (net)	185,747
Balance, end of year	\$ 479,120

Note 5 - Information Certified by the Custodian

The Plan administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, no independent auditing procedures were performed with respect to the information certified by Nationwide Trust Company, FSB, for the years ended December 31, 2009 and 2008.

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Nationwide Trust Company, FSB, the custodian of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodian that such information is complete and accurate.

	2009	2008
Statement of net assets		
Mutual Funds	\$ 13,730,894	\$ 9,546,346
Money Market Funds	432,786	371,556
Statement of changes in net assets - investment income		
Net appreciation (depreciation) in fair value of investments	2,838,212	

Supplemental Schedule: All mutual fund and money market balances and information included in the supplemental schedule of assets held at end of year.

Note 6 - Tax Status

The Plan uses a volume submitter plan sponsored by Pension Solutions, Inc. Pension Solutions, Inc. received an opinion letter from the IRS dated March 31, 2008, which states that the volume submitter document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Note 8 - Related Party and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds or money market funds managed by Nationwide Fund Advisors. Nationwide Fund Advisors is an affiliated entity to Nationwide Trust Company, FSB, who is the custodian as defined by the Plan. Therefore, these transactions qualify as exempt party-in interest transactions. Fees paid by the Plan for the investment management services were included as a reduction of the return earned on each fund.

Note 9 - Risks and Uncertainties

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

Note 10 – Plan Amendments

The Plan was amended and restated effective January 1, 2008 to bring it into compliance with the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) and other legislative and regulatory changes.

Note 11 – Non-Exempt Party-In-Interest Transactions

Participant contributions of \$533,326 were withheld from participants' accounts during 2009, but were not remitted to the Plan's trust within the time frame required by the Department of Labor under Plan asset rules.

Supplemental Schedules
C.R.M.I. 401(k) Plan

C.R.M.I. 401(k) Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2009

EIN: 73-1507700

Plan: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Mutual Funds			
	Capital Research & Management Co.	Growth Fund of America R3	N/A	\$ 2,496,554
*	Nationwide Fund Advisors	NW S&P 500 Index SC	N/A	1,472,534
	Harris Associates L.P.	Oakmark Global Fund II	N/A	1,413,205
*	Nationwide Fund Advisors	NW Govt Bond A	N/A	1,208,729
	Invesco Advisors, Inc.	Van Kamp Comstock Fd A	N/A	1,058,718
	T. Rowe Price Associates, Inc.	T Rowe Pr Gr Stk Fnd R Shs	N/A	851,873
	Eagle Asset Management, Inc.	Eagle Series Tr MdCap Gr A	N/A	816,152
	Harbor Capital Advisors Inc.	Harbor Sm Cap Gr Fd Inv Cl	N/A	765,928
	Principal Management Corp.	Prncple Inv Hi Yld A	N/A	461,986
	Thornburg Investment Management, Inc.	Thornburg Intl Value Fd I	N/A	427,446
	Franklin Mutual Advisers, LLC.	Franklin Bal Sheet Inv Fd A	N/A	311,435
	Pacific Investment Management Co LLC	PIMCO TtlRetrn Fnd Cls A	N/A	302,792
	JP Morgan Investment Advisers Inc.	JPM MidCap Value A	N/A	282,492
*	Nationwide Fund Advisors	NW Inv Dest Mod Aggr Sc	N/A	263,085
*	Nationwide Fund Advisors	NW Inv Dest Aggr SC	N/A	233,968
*	Nationwide Fund Advisors	NW Inv Dest Mod Cnsrv SC	N/A	217,963
	Capital Research and Management Co.	Am Fds Amer Bal Fund R3 Shs	N/A	200,246
*	Nationwide Fund Advisors	NW Inv Dest Cnsrv SC	N/A	192,482
	Meeder Asset Management Inc.	Flex Mrfld	N/A	139,524
*	Nationwide Fund Advisors	NW Inv Dest Mod SC	N/A	106,380
	Meeder Asset Management Inc.	Flex Dynmc Gr	N/A	103,890
	Meeder Asset Management Inc.	Flex Defn Bal	N/A	55,287
	Meeder Asset Management Inc.	Flex Aggr Gr	N/A	29,318
	Meeder Asset Management Inc.	Flex Strat Gr	N/A	28,457
	OppenheimerFunds, Inc.	Opp Gold & Sp Mineral Fd A	N/A	23,919
	Van Eck Associates Corporation	Van Eck Intnatl Inv Gold A	N/A	20,840
	Vanguard Group, Inc	Vngrd GNMA	N/A	18,453
	Meeder Asset Management Inc.	Flex US Govt Bd	N/A	16,494
	Deutsche Inv Mgmt Americas, Inc.	DWS Gbl Intl Ltn Am Eq A	N/A	11,370
	Ridgeworth Capital Management, Inc.	RdgWrth Intmd Bd I	N/A	10,255
	Janus Capital Management LLC	Jns frty S	N/A	9,562
	American Century Inv Mgt, Inc.	Am Cent Infl Adj Bd Inst	N/A	9,111
	Ridgeworth Capital Management, Inc.	RdgWrth MdCap Val Eq I	N/A	8,855
	Fidelity Mgmt & Research Company	Fid Adv Leveraged Co Stk A	N/A	8,746
	Delaware Management Business Trust	DE Divrs Inc A	N/A	6,563
	Invesco Advisors, Inc.	AIM Divrs Divd Inv	N/A	6,258
	Ridgeworth Capital Management, Inc.	RdgWrth SmCap Val Eq I	N/A	5,555
	Wells Fargo Funds Management LLC	WFAF Common Stock Fnd Cl A	N/A	5,408

*A party-in-interest as defined by ERISA.

N/A - Not applicable for participant-directed plan.

C.R.M.I. 401(k) Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2009

EIN: 73-1507700

Plan: 001

American Century Inv Mgt, Inc.	Am Cent Infl Ajd Bd Adv	N/A	5,394
Ridgeworth Capital Management, Inc.	Rdgwrth Lg Cap Val Eq I	N/A	5,283
Ivy Investment Management Co.	Ivy Science and Tech Fnd Y	N/A	5,278
Goldman Sachs Asset Mgmt, LP	GdmnScs Shrt Dur Govt Inst	N/A	5,200
Franklin Mutual Advisers, LLC.	Franklin Tmp Forgn A	N/A	4,674
BlackRock Advisors, LLC.	BlkRk Hlth Scnc Oppr Inv A	N/A	4,617
Deutsche Inv Mgmt Americas, Inc.	DWS VS LgCap Val A	N/A	4,367
Dreyfus Corp.	Drey Frtr China A	N/A	4,278
Perkins Investment Management LLC	Jensn Nat Resources Fd A	N/A	4,088
Wells Fargo Funds Management LLC	WFA Shrt Dur Govt. bd A	N/A	4,058
Capital Research and Management Co.	Am Fds Am Hi Inc Tr R5	N/A	4,050
Loomis Sayles & Co.	Loomis Sayles Bnd Fd Admin	N/A	4,032
Vanguard Group, Inc	Vanguard STAR Fd IS	N/A	3,909
Ivy Investment Management Co.	Ivy Asset Strategy Fd Cl Y	N/A	3,863
Invesco Advisers, Inc.	AIM Energy Fund IC	N/A	3,836
Loomis Sayles & Co.	Natixis Loomis Invmt Gr Bd A	N/A	3,631
Lazard Asset Management LLC	Lazard Emrg Mkt Eq Open	N/A	3,456
Invesco Advisers, Inc.	Invsco Charter A	N/A	3,041
FAF Advisers, Inc.	Frst Am Real Est Sec A	N/A	3,016
Fidelity Mgmt & Research Company	Fidelity Adv Infl Prtct Bd A	N/A	2,993
Vanguard Group, Inc	Vanguard Infl-Prot Secs IS	N/A	2,987
JP Morgan Investment Advisers Inc.	JPM Trsry Angcy Sel	N/A	2,710
Victory Capital Management	Vic Estblshd Val A	N/A	2,707
Van Eck Associates Corporation	Van Eck Gbl Hard Assets A	N/A	2,692
Sentinel Asset Management, Inc.	UMB Scout Intl	N/A	2,627
John Hancock Advisers, LLC	JnHnck Frr China Oppr A	N/A	2,510
Ivy Investment Management Co.	Wr Ivy Pacfc Oppr Y	N/A	2,501
Invesco Advisers, Inc.	VanKamp SmCap Val A	N/A	2,314
Prudential Investments LLC	Prudntl Jnsn 20 20 Focs A	N/A	2,103
Lord Abbett & Co. LLC	LordAbbett Dev Gr Fd Cls A	N/A	2,090
Aberdeen Asset Management Inc.	Abrden SmCap A	N/A	2,067
Thornburg Investment Management, Inc.	Thrnbrg Val I	N/A	2,054
Invesco Advisers, Inc.	Invsco Intl Sm A	N/A	2,019
Pioneer Investment Management Inc.	Pioneer Emerg Markets Fd A	N/A	2,004
Rydex Investments	RydexSGI Enrgy Svc Adv	N/A	1,908
Heartland Advisors, Inc.	Heartland Val Pls Inv	N/A	1,635
Ivy Investment Management Co.	WR Ivy Intl Cor Eq Y	N/A	1,412
Prudential Investments LLC	Dryden Gl RealEst A	N/A	1,404
BlackRock Advisors, LLC.	BlkRk Eq Divd Inv A	N/A	1,159
Massachusetts Financial Services Co.	MFS Val A	N/A	1,142
Dreyfus Corp.	Drey Appreciation Fund	N/A	980
OppenheimerFunds, Inc.	Oppnhmr Devl Markets Fd A	N/A	914
Prudential Investments LLC	Jennison Utility Fund	N/A	664
Capital Research and Management Co.	Cap Wld Gr Inc R3	N/A	392
Janus Capital Management LLC	Jns Prkns Mdcap Val S	N/A	387

*A party-in-interest as defined by ERISA.

N/A - Not applicable for participant-directed plan.

C.R.M.I. 401(k) Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2009

EIN: 73-1507700

Plan: 001

Vanguard Group, Inc	Vanguard Eqt Income Fd Inv Shr	N/A	194
Ivy Investment Management Co.	Ivy Large Cap Grth Fd Cl Y	N/A	186
Capital Research and Management Co.	New World R3	N/A	183
Pioneer Investment Management Inc.	Pioneer High Yield Fd A	N/A	41
AllianceBernstein L.P.	AllBer Intl Val K	N/A	14
Total Mutual Funds			<u>13,730,894</u>
Money Market Funds			
* NW Money Market Inst.	Money Market Fund	N/A	<u>432,786</u>
* Various participants	Participant loans (maturing 2010 - 2015 at interest rates 5.25% to 10.76%	\$ -	<u>479,120</u>
Total investments held at end of year			<u><u>\$14,642,800</u></u>

*A party-in-interest as defined by ERISA.

N/A - Not applicable for participant-directed plan.

C.R.M.I. 401(k) Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2009

Plan: 001

EIN: 73-1507700

Total that Constitute Nonexempt Prohibited Transactions

<u>Year Contributions Were Payable</u>	<u>Participant Contributions Transferred Late to Plan</u>	<u>Late Participant Loan Repayments are Included (Yes/No)</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
2009	\$ 533,326	No	\$ 533,326	\$ -	\$ -	\$ -

C.R.M.I. 401(k) Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2009

EIN: 73-1507700

Plan: 001

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*	Nationwide Fund Advisors	NW S&P 500 Index SC	N/A	1,472,534
	Harris Associates L.P.	Oakmark Global Fund II	N/A	1,413,205
*	Nationwide Fund Advisors	NW Govt Bond A	N/A	1,208,729
	Invesco Advisors, Inc.	Van Kamp Comstock Fd A	N/A	1,058,718
	T. Rowe Price Associates, Inc.	T Rowe Pr Gr Stk Fnd R Shs	N/A	851,873
	Eagle Asset Management, Inc.	Eagle Series Tr MdCap Gr A	N/A	816,152
	Harbor Capital Advisors Inc.	Harbor Sm Cap Gr Fd Inv Cl	N/A	765,928
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	JP Morgan Investment Advisers Inc.	JPM MidCap Value A	N/A	282,492
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	Meeder Asset Management Inc.	Flex Mrfld	N/A	139,524
*	Nationwide Fund Advisors	NW Inv Dest Mod SC	N/A	106,380
	Meeder Asset Management Inc.	Flex Dynmc Gr	N/A	103,890
	Meeder Asset Management Inc.	Flex Defn Bal	N/A	55,287
	Meeder Asset Management Inc.	Flex Aggr Gr	N/A	29,318
	Meeder Asset Management Inc.	Flex Strat Gr	N/A	28,457
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	Van Eck Associates Corporation	Van Eck Intnatl Inv Gold A	N/A	20,840
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C.R.M.I. 401(k) Plan

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Prudential Investments LLC	Prudntl Jnsn 20 20 Focs A	N/A	2,103
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