

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
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 <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>002</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>002</u>	1c Effective date of plan	<u>01/01/2003</u>
1b Three-digit plan number (PN) ►	<u>002</u>				
1c Effective date of plan	<u>01/01/2003</u>				
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>STRATEGIC OUTSOURCING, INC.</u> <u>5260 PKWY PLAZA STE 140 BOX 241448</u> <u>CHARLOTTE, NC 28224</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>56-1952356</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>704-523-2191</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-1952356</u>	2c Sponsor's telephone number <u>704-523-2191</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>56-1952356</u>					
2c Sponsor's telephone number <u>704-523-2191</u>					
2d Business code (see instructions) <u>561300</u>					

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>KERIM FIDEL</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") STRATEGIC OUTSOURCING, INC. 5260 PKWY PLAZA STE 140 BOX 241448 CHARLOTTE, NC 28224	3b Administrator's EIN 56-1952356 3c Administrator's telephone number 704-523-2191
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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	15489
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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	13797
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	1546
d Subtotal. Add lines 6a , 6b , and 6c	6d	15344
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	15346
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	5201
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	231

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

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)	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	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **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) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 12/31/2009		
A Name of plan STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500. STRATEGIC OUTSOURCING, INC.	D Employer Identification Number (EIN) 56-1952356	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA LIFE INSURANCE CO
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	931007		01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	56504266

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	23468200
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c Additions: (1) Contributions deposited during the year	7c(1)	4439404	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	738210	
(4) Transferred from separate account	7c(4)	3617364	
(5) Other (specify below)	7c(5)	686202	

▶ CONVERSION ROLLOVER LOAN REPAYMENT MISC DEPOSIT

(6) Total additions	7c(6)	9481180
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d Total of balance and additions (add b and c(6))	7d	32949380
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3618614	
(2) Administration charge made by carrier	7e(2)	129590	
(3) Transferred to separate account	7e(3)	3630849	
(4) Other (specify below)	7e(4)	2952038	

▶ EXCESS CONTRIB REFUND LOAN REQUEST SURRENDER/MISC WITHDRAWAL

(5) Total deductions	7e(5)	10331091
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f Balance at the end of the current year (subtract e(5) from d)	7f	22618289
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STRATEGIC OUTSOURCING, INC.	D Employer Identification Number (EIN) 56-1952356	

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
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	281721	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STRATEGIC OUTSOURCING, INC.

5260 PARKWAY PLAZA BLVD, STE 140, C
CHARLOTTE, NC 28224

(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?
35	EMPLOYEE PLAN SPONSOR	69670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON

36-6055558

(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?
10	AUDITOR	20330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STRATEGIC OUTSOURCING, INC.</u>	D Employer Identification Number (EIN) <u>56-1952356</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA EQUITY RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1539643</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA EQUITY INDEX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-102</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1040819</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA BALANCED RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2000509</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TEMPLETON FOREIGN RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-143</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>256396</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID-CAP OPPORTUNITIES</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-147</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9162</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES BOND RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-150</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1445799</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARTISAN SMALL-CAP GROWTH RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-151</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>306739</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1529151
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA CORE EQUITY RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1465287
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH WITH INCOME INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 799462
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR EQUITY INCOME INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1338307
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS CAPITAL APPRECIATION RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-199	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1898109
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1808722
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS INTERNATIONAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-389	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 599157
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN FOCUS INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-396	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154961
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA INTERMEDIATE BOND INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-398	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1350569
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID GROWTH RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-425	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 390495

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALUE RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-427	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2500465
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS SHORT HORIZON**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-429	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 373902
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS SHORT/INTERME**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-430	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 519009
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS INTERMEDIATE**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-431	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 888147
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS INTERMEDIATE/**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-9098978-432	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1339252
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INVESTORS LONG HORIZON**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-433	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 681833
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1714157
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE MID-CAP GROWTH RET OP**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237407
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2004815
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a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS INTERNATIONAL VALUE INV OPT**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 859378
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a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS SMALL CAP VALUE RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 961185
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2008750
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL STOCK INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3587
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID-CAP INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 509674
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-9098978-040	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1228036
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJUSTED		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 724678
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-045	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 757213
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA DOW JONES SMALL CAP VALUE INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 726862
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2005 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1500904
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1814108

a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2025 RET](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2038845
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2035 RET](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1611932
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2045 RET](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1100072
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a Name of MTIA, CCT, PSA, or 103-12 IE: [GOLDMAN SACHS TOLLKEEPER INV OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-058	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1227213
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ALLIANCEBERNSTEIN INTERNATIONAL VAL](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-9098978-067	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 674832
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIRST AMERICAN REAL ESTATE SECURITI](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 916322
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIRST AMERICAN SMALL CAP SELECT RET](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 491914
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JANUS ADVISER INTERNATIONAL GROWTH](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2294407
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MUNDER MID-CAP CORE GROWTH RET OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-088	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 648858
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RETIREMENT 2010 RET](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 777344
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2020 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2838883
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2030 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1811486
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2040 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 468196
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2050 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188111
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EVERGREEN PRECIOUS METALS RET OPT****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-9098978-276	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129200
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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)
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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)
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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)
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 STRATEGIC OUTSOURCING, INC.	D Employer Identification Number (EIN) 56-1952356	

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)		
(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)	2364654	2674029
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	31179290	56504266
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	23468200	22618289
(15) Other	1c(15)	853181	14070

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	57865325	81810654

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	
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	57865325	81810654
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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)	2925681	
(B) Participants	2a(1)(B)	9994113	
(C) Others (including rollovers)	2a(1)(C)	664641	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13584435

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)	135164	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		135164

(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)		0

(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)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		10800951
(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)		
c Other income.....	2c		738210
d Total income. Add all income amounts in column (b) and enter total.....	2d		25258760

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9863869	
(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)		9863869
f Corrective distributions (see instructions)	2f		188383
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)	338005	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		338005
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10390257

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14868503
l Transfers of assets:			
(1) To this plan.....	2l(1)		13328700
(2) From this plan	2l(2)		4251874

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: GRANT THORNTON

(2) EIN: 03-6605558

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		2000000
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)
BIOPRO RESEARCH 401(K) PLAN	75-3103872	001
ENVIORNMENTAL BIOTECH 401(K)PLAN	20-8233871	001
TRI-VENTURE MARKETING INC RETIREMENT PLAN	59-1861887	001
LANE PACKING LLC 401(K) PLAN	20-4754779	001

Part IV Compliance Questions

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During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CENTURY II STAFFING, INC 401(K) PLAN	62-1247089	333
PREEMPLOYER MUTIPLE EMPLOYER PLAN	58-2471604	333
NEXTEP, INC RETIREMENT SAVINGS PLAN	73-1543198	333
WOLFE DESIGN STUDIO 401(K) PLAN	20-3368672	001

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
WALLACE ELECTRONICS INC 401(K) PLAN	36-4374352	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
CARTUNES INC 401(K) PROFIT SHARING PLAN & TRUST	58-1318823	001
TRI/MECK MECHANICAL INC 401(K) PLAN	56-1350749	001

Part IV Compliance Questions

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During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OAS GROUP PROFIT SHARING 401(K) PLAN	65-0950055	001
RESOURCE PROVIDERS INC 401(K) PLAN	59-3734418	001
PROPEL HR 401(K) PLAN	20-5888849	333
MEDIA RESEARCH PLANNING AND PLACEMENT 401(K) PLAN	56-1793603	001

Part IV Compliance Questions

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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.).....			
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b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?.....			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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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?			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
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j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
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.			
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If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☐ No Amount:

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
USA STAFFING INC 401(K) PROFIT SHARING PLAN & TRUST	76-1062479	001
PROTECTION DESIGN CO LLC 401(K) PLAN	20-8845290	001
SPECTRUM TECHNIQUES, LLC 401(K) PROFIT SHARING PLAN	62-1549357	001
PMARC INC 401(K) PLAN	58-1792051	001

Part IV Compliance Questions

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During the plan year:

	Yes	No	Amount
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b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?.....			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
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j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LUX ART SILKS INTL INC 401(K) PLAN	38-2800745	001
CRUISE PLANNERS 401(K) PLAN	20-3214994	001
MEDIA DESIGN INC 401(K) PLAN	76-0279139	001
DELTA EXPRESS, LLC RETIREMENT PLAN & TRUST	71-0829736	001

Part IV Compliance Questions

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During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SKINMETRICS INC 401(K) PROFIT SHARING PLAN & TRUST	65-0792628	001
PRESKO SERVICES LLC 401(K) PLAN	20-3980268	001
VISAGE DERMATOLOGY LLC 401(K) PLAN	20-4041180	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.

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

A Name of plan <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STRATEGIC OUTSOURCING, INC.</u>	D Employer Identification Number (EIN) <u>56-1952356</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>42-6362604</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and Report of Independent
Certified Public Accountants

Strategic Outsourcing, Inc.
Multiple Employer 401(k) Plan

December 31, 2009 and 2008

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Report of Independent Certified Public Accountants

To the Trustee and Plan Administrator of the
Strategic Outsourcing, Inc.
Multiple Employer 401(k) Plan:

We were engaged to audit the financial statements of **Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan** (the Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 4, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing information with the related information included in the financial statements and supplemental schedule. 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Charlotte, North Carolina
October 8, 2010

Statements of net assets available for plan benefits

December 31	2009	2008
	\$	\$
Investments:		
Pooled separate accounts	56,504,266	31,179,290
Group annuity contracts	22,632,359	24,321,381
Participant loans	2,656,928	2,331,266
Total investments	81,793,553	57,831,937
Receivables:		
Employee contributions	626,503	510,891
Employer contributions	1,601,848	1,626,086
Total receivables	2,228,351	2,136,977
Excess contributions refundable to participants (Note 6)	(434,199)	(188,383)
Net assets available for plan benefits	83,587,705	59,780,531

The accompanying notes are an integral part of these financial statements.

Statement of changes in net assets available for plan benefits

For the year ended December 31

2009

	\$
Additions:	
Investment income:	
Interest and dividend income	873,375
Net gain from appreciation in fair value of investments	10,800,951
Total investment income	11,674,326
Contributions:	
Employee	9,674,848
Employer	2,903,544
Rollover	663,218
Total contributions	13,241,610
Total additions	24,915,936
Deductions:	
Benefit payments	(9,847,583)
Administrative expenses	(338,005)
Total deductions	(10,185,588)
Net transfers from other qualified plans	9,076,826
Net increase in net assets available for plan benefits	23,807,174
Net assets available for plan benefits, beginning of year	59,780,531
Net assets available for plan benefits, end of year	83,587,705

The accompanying notes are an integral part of this financial statement.

Notes to financial statements

1 Description of the Plan

The following description of the Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan (the Plan) is provided for general informational 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 which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is sponsored by Strategic Outsourcing, Inc. (the Company), a professional employer organization (PEO). Strategic Outsourcing, Inc., a wholly owned subsidiary of SOI Holdings, Inc., provides professional employer organization services to customers throughout the United States of America. As a PEO, the Company employs the personnel of its customers and, thus, performs all payroll and benefit administration for such personnel and leases such personnel back to its customers for a fee. The Company's employees are eligible for participation in the Plan subject to the criteria discussed below. Also, at the election of the Company's customers, personnel of such customers who become employed by the Company and are leased back to the respective customer may participate in the Plan subject to the criteria discussed below. Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan Committee (Trustee) serves as the trustee of the Plan.

Employees of the Company and employees of adopting employers who are customers of the Company are eligible for participation on the first day of the calendar month following 90 days, six months or one year of employment (as selected by participating employers).

Effective May 13, 2002, the Internal Revenue Service (IRS) issued revenue procedure 2002-21, which documented the requirements to ensure the qualified status of a defined contribution retirement plan maintained by a PEO for the benefit of worksite employees. This revenue procedure provided the PEO with the option of converting the PEO Retirement Plan to a multiple employer plan or terminating the existing plan. As a result of this revenue procedure, the employer established the current plan.

Contributions

Participants can elect to contribute between 1% and 50% of eligible compensation for the plan year, up to certain limitations imposed by the IRS. The plan document states that participants must be employed on the last day of the plan year in order to receive an employer discretionary matching or non-elective contribution.

Vesting

Participants are fully vested in the amounts they elect to contribute to the Plan as well as any related investment earnings. Through September 1, 2009, participants were vested in employer contributions under a five-year graduated (20% each year) schedule unless one of three additional options was selected by the participant's employer: immediate vesting, three-year cliff or six-year graduated (0% in the first year and 20% thereafter). However, as of September 1, 2009, the participant's employer had to elect one of the four vesting options above. If a safe harbor is elected, vesting occurs immediately.

All accounts fully vest upon termination of the Plan.

Payment of Benefits

Retirement benefits are normally payable at age 65 and are based on the vested accumulated value in the participant's account at that time. During the 2009 plan year, upon termination of service due to death, disability, retirement or other termination of employment, the amount to which a participant or his or her beneficiary was entitled was paid. In the case of death, the amount was paid in a cash lump sum to the participant's beneficiary. In all other cases, the amount was paid in a cash lump sum to the participant.

Forfeitures

The Plan provides that forfeitures of non-vested company contributions, if any, shall be applied first to restore the account balances of re-employed employees and next to reduce employer contributions or to reduce administrative expenses of the Plan. Forfeitures available at December 31, 2009 and 2008 totaled approximately \$225,000 and \$162,000, respectively. Forfeitures used in 2009 to reduce employer contributions were approximately \$69,000.

Participant Loans

Participants may borrow from a minimum of \$1,000 up to a maximum of 50% of their vested account balance, not to exceed \$50,000. The maximum term of repayment on loans, excluding those used to acquire a primary residence, is five years.

Interest is charged on outstanding loan balances at a minimum rate of the prime interest rate plus 1% for the 2009 and 2008 plan years. Participant loan interest rates ranged from 4.25% to 10.50% at December 31, 2009 and 2008.

2 Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the reported changes in net assets available for plan benefits during the reporting period. Actual results could differ from those estimates.

Investments

The Plan's investments are stated at values as reported by Transamerica Life Insurance Company (the Custodian). The fair value of investments in the pooled separate accounts is based upon quoted market prices of the underlying securities held by the separate accounts as reported on national security exchanges, divided by the outstanding investment units of such separate accounts.

The Plan has entered into traditional group annuity contracts in an insurance carrier. These contracts, which also make up the Transamerica Stable Value Fund, are fully benefit-responsive and are included in the financial statements at contract value, which approximates fair value as of December 31, 2009 and 2008. Fully benefit-responsive contracts provide for a stated return on principal invested over a specified period and permit withdrawals at contract value for benefit payments, loans or transfers. Contract value represents contributions made under the contract, plus earnings, less plan withdrawals and administrative expenses. There are no reserves against contract value for credit risk of contract issuer. The average yield on these contracts was 3.16% and 3.53% for the years ended December 31, 2009 and 2008, respectively. As of January 1, 2010 and 2009, the crediting interest rate on these contracts was 2.75% and 3.50%, respectively. Crediting interest rates are generally reset monthly based on formulas which may use market value, book value, duration and yield. The contracts do not specify any events which would limit the ability of the Plan to transact at contract value with the issuer or any events which would allow the issuer to terminate the contracts and settle for an amount different from the contract value. The contracts provide payment options of the contract value for surrendering the contracts; however, the Plan Sponsor does not intend to surrender the contracts.

Participant loans are stated at unpaid principal balances, which approximate fair value.

Net gain (loss) from investment activity comprises realized, as well as unrealized, gains or losses resulting from investment transactions. Realized gain (loss) represents the difference between sales proceeds of plan investments and the fair market value of such investments at the beginning of the year, or the cost of such investments if investments were purchased during the current year. Unrealized gain (loss) represents the difference between the fair market value of investments at the beginning of the year, or historical cost for investments purchased during the current plan year, and the fair market value at the end of the plan year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

In September 2006, the Financial Accounting Standards Board (FASB) issued a new accounting rule which defines fair value and 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. That hierarchy gives 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 ASC 820 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 the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability and
- 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 fair value measurement level of assets or liabilities 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 valuation 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 tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

At December 31, 2009	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
	\$	\$	\$	\$
Pooled separate accounts:				
Bond funds	1,350,569	2,974,951	-	4,325,520
High yield bond fund	1,714,157	-	-	1,714,157
Hybrid funds	17,952,025	2,000,509	-	19,952,534
Large/Mid value equity funds	4,509,215	-	-	4,509,215
Large/Mid blend equity funds	3,815,242	-	-	3,815,242
Large/Mid growth equity funds	5,951,709	-	-	5,951,709
Small company equity funds	5,829,822	-	-	5,829,822
Global equity fund	1,808,722	-	-	1,808,722
International equity funds	4,687,757	-	-	4,687,757
Specialty funds	3,909,588	-	-	3,909,588
Total pooled separate accounts	51,528,806	4,975,460	-	56,504,266
Group annuity contracts	-	22,632,359	-	22,632,359
Participant loans	-	-	2,656,928	2,656,928
Total assets at fair value	51,528,806	27,607,819	2,656,928	81,793,553

At December 31, 2008	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
	\$	\$	\$	\$
Pooled separate accounts	25,973,384	5,205,906	-	31,179,290
Group annuity contracts	-	24,321,381	-	24,321,381
Participant loans	-	-	2,331,266	2,331,266
Total assets at fair value	\$ 25,973,384	\$ 29,527,287	\$ 2,331,266	\$ 57,831,937

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.

	Level 3 Assets
	Participant Loans
	\$
Balance, beginning of year	2,331,266
Issuances and settlements, net	325,662
Balance, end of year	2,656,928

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the funded status of the Plan and the amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Payment of Benefits

Benefits and withdrawals are recorded when paid.

Administrative Expenses

The Plan's administrative expenses are paid by the participants in the form of a record keeping fee and contract asset charge. The annual record keeping fee is \$33 per participant. During 2009, the Plan's administrative expenses totaled approximately \$338,000. The Company also pays, and is reimbursed for, certain administrative expenses of the Plan; these reimbursements totaled \$90,000 in 2009.

Recent Accounting Pronouncements

In June 2009, the FASB issued Accounting Standards Codification (ASC) 105, "Generally Accepted Accounting Principles." This standard created the ASC, which is now the single source of authoritative U.S. generally accepted accounting principles (GAAP) for all non-governmental entities. The ASC, which launched July 1, 2009, changes the referencing and organization of accounting guidance. The Plan adopted the provisions of ASC 105 for the year ended December 31, 2009.

In May 2009, the FASB issued ASC 855, "Subsequent Events." ASC 855 establishes general standards of accounting for, and disclosure of, events that occur after the balance sheet date but before financial statements are issued or are available to be issued. Specifically, the statement provides: the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements; and the disclosures an entity should make about events or transactions that occurred after the balance sheet date. ASC 855 is applicable to interim or annual periods ending after June 15, 2009.

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 8, 2010, the date the financial statements were available to be issued.

In September 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-25. ASU 2010-25 requires that participant loans be classified as notes receivable from participants and be measured at their unpaid principal balance plus any accrued but unpaid interest. Adoption is required for fiscal years ending after December 15, 2010 and early adoption is permitted; however, the Company has chosen not to early adopt.

3 Investments

Participants direct the custodian to invest all contributions among separate funds in 1% increments. Participants are allowed to change their investment options at any time, subject to fund specific rules.

The value of individual investments that represent in excess of 5% of the net assets of the Plan at December 31, 2009 or 2008 is as follows:

	2009	2008
	\$	\$
Stable Value Fund	22,618,289	23,468,200

The net gain from appreciation in fair value of investments of approximately \$10,801,000 for the plan year ended December 31, 2009, was derived entirely from the Plan's investments in pooled separate accounts.

4 Information Certified by the Custodian

The information in the accompanying statements of net assets available for plan benefits as of December 31, 2009 and 2008, and statement of changes in net assets available for plan benefits and supplemental schedule as of and for the year ended December 31, 2009, except for amounts shown for employer and employee contributions receivable; excess contributions refundable to participants; employee, employer and rollover contributions; participant loans, benefits paid to participants, administrative expenses and net transfers from other qualified plans was summarized from information supplied and certified as complete and accurate by the custodian. The information obtained from the custodian was not audited by independent certified public accountants, except for comparing such information to the related information included in the financial statements and supplemental schedule, as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

5 Tax Status

The IRS determined and informed the Company by a letter dated June 20, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the original determination letter and is awaiting a new determination letter. However, the plan administrator believes that the Plan is designed and is operating in accordance with the applicable requirements of the IRC and, thus, the Plan and related trust remain tax-exempt.

6 Compliance Status

During the 2009 and 2008 plan years, portions of the Plan failed the annual Top Heavy test. In order to pass the test, the record-keeper determined additional contributions to the Plan of approximately \$10,000 and \$2,000 for the years ended December 31, 2009 and 2008, respectively, were required. The amounts required to correct this test have been accrued by the Company in employer contributions receivable and have been included in employer contributions in the accompanying financial statements. Also, the record-keeper determined that refunds to participants of salary deferrals of approximately \$434,000 and \$188,000 for the years ended December 31, 2009 and 2008, respectively, were required to pass the average deferral percentage (ADP) and average contribution percentage (ACP) tests. Portions of the Plan also failed the ADP/ACP tests and the record-keeper determined that an aggregate qualified non-elective contribution (QNEC) from the participating employers of approximately \$1,000 and \$4,000 for the years ended December 31, 2009 and 2008, respectively, would be required for the Plan to pass the ADP/ACP tests. These amounts have been included in the employer contribution receivable in the accompanying financial statements. The participant's employer determines what action (additional contributions, refunds of deferrals or QNEC) or combination thereof is used to correct testing failures.

8 Plan Termination

Although the Company has not expressed any intent to do so, it may terminate the Plan at any time, subject to the provisions of ERISA. If the Plan is terminated, the amounts credited to the participant's accounts that are fully vested shall be distributed to the participants or their beneficiaries under the terms of the plan document.

9 Party-in-interest Transactions

The Plan's investments consisted primarily of pooled separate accounts, which are managed by Transamerica Life Insurance Company and a group annuity contracts account underwritten by Transamerica Life Insurance Company. Thus, transactions within these investments qualified as party-in-interest transactions, as defined by ERISA.

10 Reconciliation to Form 5500

The following table reconciles the statements of net assets available for plan benefits as of December 31, 2009 and 2008, and the statement of changes in net assets available for plan benefits for the year ended December 31, 2009, per the accompanying financial statements to the Form 5500 as filed by the Company.

	Contributions	Corrected Distributions	Benefit Payments	Net Assets Available for Benefits	
				2009	2008
	\$	\$	\$	\$	\$
Per financial statements	13,241,610	-	(9,847,583)	83,587,705	59,780,531
Reversal of current year contributions receivable	(2,228,351)	-	-	(2,228,351)	-
Reversal of current year liability excess contributions payable to participants	434,199	-	-	434,199	-
Addition of prior year excess contributions payable to participants	-	-	(188,383)	-	188,383
Addition of prior year contributions receivable	2,136,977	-	-	-	(2,136,977)
Reversal of prior year write-off of loans in default	-	-	(33,388)	-	33,388
Reversal of current year write-off of loans in default	-	-	17,102	17,102	-
Reclasifications	-	(188,383)	188,383	-	-
Per Form 5500	13,584,435	(188,383)	(9,863,869)	81,810,655	57,865,325

Schedule H, Line 4i – Schedule of assets (held at end of year)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Cost	Current Value
			\$	\$
*	Transamerica Life Insurance Company	Transamerica Equity	N/A	1,539,643
*	Transamerica Life Insurance Company	Transamerica Balanced	N/A	2,000,509
*	Transamerica Life Insurance Company	Templeton Foreign	N/A	256,396
*	Transamerica Life Insurance Company	Loomis Sayles Bond	N/A	1,445,799
*	Transamerica Life Insurance Company	Artisan Small-Cap Growth	N/A	306,739
*	Transamerica Life Insurance Company	Transamerica Core Equity	N/A	1,465,287
*	Transamerica Life Insurance Company	MFS Growth with Income	N/A	799,462
*	Transamerica Life Insurance Company	Fidelity Advisor Equity Income	N/A	1,338,307
*	Transamerica Life Insurance Company	Oppenheimer Global	N/A	1,808,722
*	Transamerica Life Insurance Company	Janus Capital Appreciation	N/A	1,898,109
*	Transamerica Life Insurance Company	Neuberger Berman Focus	N/A	154,961
*	Transamerica Life Insurance Company	Columbia Intermediate Bond	N/A	1,350,569
*	Transamerica Life Insurance Company	Diversified Investors Short Horizon	N/A	373,902
*	Transamerica Life Insurance Company	Diversified Investors Short / Intermediate Horizon	N/A	519,009
*	Transamerica Life Insurance Company	Diversified Investors Intermediate Horizon	N/A	888,147
*	Transamerica Life Insurance Company	Diversified Investors Intermediate / Long Horizon	N/A	1,339,252
*	Transamerica Life Insurance Company	Diversified Investors Long Horizon	N/A	681,833
*	Transamerica Life Insurance Company	T. Rowe Price Mid-Cap Growth	N/A	237,407
*	Transamerica Life Insurance Company	Goldman Sachs Mid-Cap Opportunity	N/A	9,162
*	Transamerica Life Insurance Company	SSgA International Stock Index	N/A	3,587
*	Transamerica Life Insurance Company	Fidelity Advisor Small-Cap	N/A	2,004,815

Schedule H, Line 4i – Schedule of assets (held at end of year) (cont'd)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment	Cost	Current Value
			\$	\$
*	Transamerica Life Insurance Company	Dreyfus International Value	N/A	859,378
*	Transamerica Life Insurance Company	Goldman Sachs Tollkeeper	N/A	1,227,213
*	Transamerica Life Insurance Company	Transamerica Equity Index	N/A	1,040,819
*	Transamerica Life Insurance Company	JP Morgan Government Securities	N/A	1,529,151
*	Transamerica Life Insurance Company	American Funds Fundamental	N/A	2,008,750
*	Transamerica Life Insurance Company	SSgA Mid-Cap Index	N/A	509,674
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2005	N/A	1,500,904
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2010	N/A	777,344
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2015	N/A	1,814,108
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2020	N/A	2,838,883
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2025	N/A	2,038,845
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2030	N/A	1,811,486
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2035	N/A	1,611,932
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2040	N/A	468,196
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2045	N/A	1,100,072
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2050	N/A	188,111
*	Transamerica Life Insurance Company	First American Real Estate	N/A	916,322
*	Transamerica Life Insurance Company	Evergreen Precious Metals	N/A	129,200
*	Transamerica Life Insurance Company	SSgA Dow Jones Small-Cap Value Index	N/A	726,862
*	Transamerica Life Insurance Company	American Century Inflation-Adjusted Bond	N/A	724,678
*	Transamerica Life Insurance Company	Franklin Utilities	N/A	757,213

Schedule H, Line 4i – Schedule of assets (held at end of year) (cont'd)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
			\$	\$
*	Transamerica Life Insurance Company	AllianceBernstein International Value	N/A	674,832
*	Transamerica Life Insurance Company	Transamerica Partners Mid Growth	N/A	390,495
*	Transamerica Life Insurance Company	Transamerica Partners Mid Value	N/A	2,500,465
*	Transamerica Life Insurance Company	Transamerica Partners International Equity	N/A	599,157
*	Transamerica Life Insurance Company	Transamerican Partners High Yield Bond	N/A	1,714,157
*	Transamerica Life Insurance Company	Munder Mid-Cap Core Growth	N/A	648,858
*	Transamerica Life Insurance Company	First American Small-Cap Select	N/A	491,914
*	Transamerica Life Insurance Company	American Century Vista	N/A	1,228,036
*	Transamerica Life Insurance Company	Janus Small Cap Value	N/A	961,185
*	Transamerica Life Insurance Company	Janus Advisor International Growth	N/A	2,294,409
		Total pooled separate accounts		56,504,266
*	Transamerica Life Insurance Company	Group Annuity Contract	N/A	14,070
*	Transamerica Life Insurance Company	Transamerica Stable Value Fund	N/A	22,618,289
		Total group annuity contracts		22,632,359
*	Participants	Participant loans with interest rates ranging from 4.25% to 10.50%	N/A	2,656,928
		Total assets		81,793,553

N/A – This information has not been provided as it is not applicable due to the Plan being completely participant directed.

* Represents party-in-interest to the Plan.

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Name: Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan
Contract #: 931007
EIN: 56-1952356
Plan ID: 8003
Plan #: 002
Period: 01/01/2009-12/31/2009

(a)	(b) Identity of issue, borrower, lessor, or similar a party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Equity Ret Opt	\$1,539,643.03	\$1,539,643.03
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Equity Index Ret Opt	\$1,040,818.87	\$1,040,818.87
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Balanced Ret Opt	\$2,000,509.24	\$2,000,509.24
*	TRANSAMERICA LIFE INSURANCE CO.	Templeton Foreign Ret Opt	\$256,396.12	\$256,396.12
*	TRANSAMERICA LIFE INSURANCE CO.	Goldman Sachs Mid-Cap Opportunities Ret Opt	\$9,161.91	\$9,161.91
*	TRANSAMERICA LIFE INSURANCE CO.	Loomis Sayles Bond Ret Opt	\$1,445,799.29	\$1,445,799.29
*	TRANSAMERICA LIFE INSURANCE CO.	Artisan Small-Cap Growth Ret Opt	\$306,739.16	\$306,739.16
*	TRANSAMERICA LIFE INSURANCE CO.	JPMorgan Government Securities Ret Opt	\$1,529,151.33	\$1,529,151.33
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Core Equity Ret Opt	\$1,465,286.59	\$1,465,286.59
*	TRANSAMERICA LIFE INSURANCE CO.	MFS Growth with Income Inv Opt	\$799,462.18	\$799,462.18
*	TRANSAMERICA LIFE INSURANCE CO.	Fidelity Advisor Equity Income Inv Opt	\$1,338,307.10	\$1,338,307.10
*	TRANSAMERICA LIFE INSURANCE CO.	Janus Capital Appreciation Ret Opt	\$1,898,108.81	\$1,898,108.81
*	TRANSAMERICA LIFE INSURANCE CO.	Oppenheimer Global Ret Opt	\$1,808,722.00	\$1,808,722.00
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Partners International Equity Ret Opt	\$599,157.02	\$599,157.02
*	TRANSAMERICA LIFE INSURANCE CO.	Neuberger Berman Focus Inv Opt	\$154,961.49	\$154,961.49
*	TRANSAMERICA LIFE INSURANCE CO.	Columbia Intermediate Bond Inv Opt	\$1,350,569.28	\$1,350,569.28
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Partners Mid Growth Ret Opt	\$390,495.32	\$390,495.32
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Partners Mid Value Ret Opt	\$2,500,464.99	\$2,500,464.99
*	TRANSAMERICA LIFE INSURANCE CO.	Diversified Investors Short Horizon Ret Opt	\$373,902.26	\$373,902.26
*	TRANSAMERICA LIFE INSURANCE CO.	Diversified Investors Short/Intermediate Horizon Ret Opt	\$519,009.47	\$519,009.47
*	TRANSAMERICA LIFE INSURANCE CO.	Diversified Investors Intermediate Horizon Ret Opt	\$888,147.33	\$888,147.33
*	TRANSAMERICA LIFE INSURANCE CO.	Diversified Investors Intermediate/Long Horizon Ret Opt	\$1,339,252.28	\$1,339,252.28
*	TRANSAMERICA LIFE INSURANCE CO.	Diversified Investors Long Horizon Ret Opt	\$681,832.87	\$681,832.87
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Partners High Yield Bond Ret Opt	\$1,714,156.64	\$1,714,156.64
*	TRANSAMERICA LIFE INSURANCE CO.	T. Rowe Price Mid-Cap Growth Ret Opt	\$237,407.09	\$237,407.09

*	TRANSAMERICA LIFE INSURANCE CO.	Fidelity Advisor Small Cap Inv Opt	\$2,004,814.58	\$2,004,814.58
*	TRANSAMERICA LIFE INSURANCE CO.	Dreyfus International Value Inv Opt	\$859,378.34	\$859,378.34
*	TRANSAMERICA LIFE INSURANCE CO.	Janus Small Cap Value Ret Opt	\$961,184.89	\$961,184.89
*	TRANSAMERICA LIFE INSURANCE CO.	American Funds Fundamental Investors Inv Opt	\$2,008,749.67	\$2,008,749.67
*	TRANSAMERICA LIFE INSURANCE CO.	SSgA International Stock Index Ret Opt	\$3,586.90	\$3,586.90
*	TRANSAMERICA LIFE INSURANCE CO.	SSgA Mid-Cap Index Ret Opt	\$509,674.33	\$509,674.33
*	TRANSAMERICA LIFE INSURANCE CO.	American Century Vista Inv Opt	\$1,228,035.71	\$1,228,035.71
*	TRANSAMERICA LIFE INSURANCE CO.	American Century Inflation-Adjusted Bond Inv Opt	\$724,678.45	\$724,678.45
*	TRANSAMERICA LIFE INSURANCE CO.	Franklin Utilities Inv Opt	\$757,212.94	\$757,212.94
*	TRANSAMERICA LIFE INSURANCE CO.	SSgA Dow Jones Small Cap Value Index Ret Opt	\$726,862.29	\$726,862.29
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2005 Ret Opt	\$1,500,904.10	\$1,500,904.10
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2015 Ret Opt	\$1,814,108.14	\$1,814,108.14
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2025 Ret Opt	\$2,038,844.69	\$2,038,844.69
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2035 Ret Opt	\$1,611,932.31	\$1,611,932.31
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2045 Ret Opt	\$1,100,072.41	\$1,100,072.41
*	TRANSAMERICA LIFE INSURANCE CO.	Goldman Sachs Tollkeeper Inv Opt	\$1,227,212.97	\$1,227,212.97
*	TRANSAMERICA LIFE INSURANCE CO.	AllianceBernstein International Value Inv Opt	\$674,831.85	\$674,831.85
*	TRANSAMERICA LIFE INSURANCE CO.	First American Real Estate Securities Ret Opt	\$916,321.94	\$916,321.94
*	TRANSAMERICA LIFE INSURANCE CO.	First American Small Cap Select Ret Opt	\$491,913.98	\$491,913.98
*	TRANSAMERICA LIFE INSURANCE CO.	Janus Adviser International Growth Ret Opt	\$2,294,406.86	\$2,294,406.86
*	TRANSAMERICA LIFE INSURANCE CO.	Munder Mid-Cap Core Growth Ret Opt	\$648,857.52	\$648,857.52
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2010 Ret Opt	\$777,343.79	\$777,343.79
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2020 Ret Opt	\$2,838,882.56	\$2,838,882.56
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2030 Ret Opt	\$1,811,486.20	\$1,811,486.20
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2040 Ret Opt	\$468,195.83	\$468,195.83
*	TRANSAMERICA LIFE INSURANCE CO.	Vanguard Target Retirement 2050 Ret Opt	\$188,111.03	\$188,111.03
*	TRANSAMERICA LIFE INSURANCE CO.	Evergreen Precious Metals Ret Opt	\$129,199.94	\$129,199.94
*	TRANSAMERICA LIFE INSURANCE CO.	Transamerica Stable Value	\$22,618,289.00	\$22,618,289.00
*	TRANSAMERICA LIFE INSURANCE CO.	Franklin Real Estate Sec	\$0.00	\$0.00
*	PARTICIPANT LOANS	Participant Loans	\$2,674,029.00	\$2,674,029.00