# 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BENEFITMALL 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/15/1999

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
CENTERSTONE INSURANCE AND FINANCIAL SERVICES

4851 LYNDON B JOHNSON FWY STE 100
DALLAS, TX 75244

**2b** Employer Identification Number (EIN)
95-4018229

**2c** Sponsor's telephone number
469-791-3300

**2d** Business code (see instructions)
524290

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/21/2011 | JEFFRY J. LEWIS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/21/2011 | JEFFRY J. LEWIS |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
CENTERSTONE INSURANCE AND FINANCIAL SERVICES

4851 LYNDON B JOHNSON FWY STE 100
DALLAS, TX 75244

**3b** Administrator's EIN
95-4018229

**3c** Administrator's telephone number
469-791-3300

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 556 |
| **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** | 616 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 61 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 677 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 677 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 456 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 17 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | X | **D** (DFE/Participating Plan Information) |
| **(6)** | | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
BENEFITMALL 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTERSTONE INSURANCE AND FINANCIAL SERVICES

**D** Employer Identification Number (EIN)
95-4018229

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

**(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)

SECURIAN FINANCIAL SERVICES

41-1486060

| (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? |
|---|---|---|---|---|---|---|
| 22 33 71 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 28076 | Yes [ ] No [X] |

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

PRIAC

06-1050034

| (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 | NONE | 14270 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

| (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? |
|---|---|---|---|---|---|---|
| 37 50 | NONE | 14191 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

## 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 |
|---|---|---|
| THE PRUDENTIAL INSURANCE COMPANY OF | 61 72 | 0 |

| **(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. |
|---|---|
| PRUDENTIAL INVESTMENTS, LLC<br><br>22-3468527 | 27.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2010 TO 12/31/2010 PRU GOV INCOME A |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| THE PRUDENTIAL INSURANCE COMPANY OF | 61 72 | 0 |

| **(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. |
|---|---|
| PRUDENTIAL INVESTMENTS, LLC<br><br>22-3468527 | 27.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2010 TO 12/31/2010 PRU JENN MD CP GRW A |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| THE PRUDENTIAL INSURANCE COMPANY OF | 61 72 | 0 |

| **(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. |
|---|---|
| PRUDENTIAL INVESTMENTS, LLC<br><br>22-3468527 | 27.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2010 TO 12/31/2010 PRU JENN VALUE A |

## 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 |
|---|---|---|
| THE PRUDENTIAL INSURANCE COMPANY OF | 15 64 | 0 |

| **(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. |
|---|---|
| WELLS FARGO<br><br>52-2250941 | 93.700 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 PRUDENTIAL STABLE VAL 10 |

| **(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

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
BENEFITMALL 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
CENTERSTONE INSURANCE AND FINANCIAL SERVICES

**D** Employer Identification Number (EIN)
95-4018229

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL STABLE VAL 10

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK MINNESOTA, N.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) |
|---|---|---|
| 52-2250941-001 | C | 3151290 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
BENEFITMALL 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTERSTONE INSURANCE AND FINANCIAL SERVICES

**D** Employer Identification Number (EIN)
95-4018229

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 43 | 43 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 9198 | 8707 |
| **(2)** Participant contributions | 1b(2) | 27274 | 26370 |
| **(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) | 656561 | 951242 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 2701942 | 3151290 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 13233132 | 16828824 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 16628150 | 20966476 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 0 | 172295 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 172295 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 16628150 | 20794181 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 806154 | |
| **(B)** Participants | 2a(1)(B) | 2260358 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 478648 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 3545160 |
| **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) | 38720 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 38720 |
| **(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) | 156264 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 156264 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 18300 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2184656 |
| **c** Other income | 2c | | 22097 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5965197 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1667591 | |
| (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) | | 1667591 |
| **f** Corrective distributions (see instructions) | 2f | | 102104 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 29471 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 29471 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1799166 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 4166031 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PER EMAI (2) EIN: 75-2515294

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 15000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
BENEFITMALL 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTERSTONE INSURANCE AND FINANCIAL SERVICES

**D** Employer Identification Number (EIN)
95-4018229

## Part I Distributions

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

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

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

EIN(s): 22-1211670

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

# BENEFITMALL 401(k) PLAN

## Financial Statements and Supplemental Schedule

**(with Independent Auditors' Report thereon)**

**December 31, 2010 and 2009**

**BENEFITMALL 401(k) PLAN**
**Table of Contents**


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Goldin Peiser & Peiser, L.L.P.
CPAs and Business Advisors

## Independent Auditors' Report

Plan Administrator
BenefitMall 401(k) Plan
Dallas, Texas

We were engaged to audit the financial statements and supplemental schedule of BenefitMall 401(k) Plan (the "Plan"), as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information referred to in Note 7, which was certified by Prudential Trust Company, the trustee of the Plan and by Wells Fargo Bank N.A. with regards to the Prudential stable value fund for the period January 1, 2010 to December 31, 2010, and January 1, 2009 to December 31, 2009, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Goldin Peiser & Peiser, LLP
June 27, 2011



17742 Preston Road ■ Dallas, TX 75252 ■ Main Tel: (972) 818-5300 ■ Fax: (972) 818-5301
www.GPPcpa.com

**BENEFITMALL 401(k) PLAN**
**Statements of Net Assets Available for Benefits**
**December 31, 2010 and 2009**

| **Assets** | **2010** | **2009** *(as restated)* |
|---|---|---|
| Investments, at fair value: | | |
| Common collective trusts | $ 3,156,303 | $ 2,707,346 |
| Mutual funds | 16,828,867 | 13,233,175 |
| Total investments | 19,985,170 | 15,940,521 |
| Receivables: | | |
| Employer contributions | 8,707 | 9,198 |
| Participant contributions | 26,370 | 27,274 |
| Notes receivable from participants | 951,242 | 656,562 |
| Total receivables | 986,319 | 693,034 |
| **Liabilities** | | |
| Excess contributions payable | 172,295 | 102,105 |
| **Net Assets Available for Benefits at Fair Value** | 20,799,194 | 16,531,450 |
| **Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts** | (5,013) | (5,404) |
| **Net Assets Available for Benefits** | $ 20,794,181 | $ 16,526,046 |

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

**BENEFITMALL 401(k) PLAN**
**Statements of Changes in Net Assets Available for Benefits**
**Years ended December 31, 2010 and 2009**

| **Additions** | **2010** | **2009** *(as restated)* |
|---|---|---|
| Net appreciation in value of mutual funds | $ 2,184,656 | $ 3,187,938 |
| Investment income: | | |
| Participant loan interest | 38,720 | 42,329 |
| Capital gains | 18,300 | 4,774 |
| Interest and dividends | 156,264 | 140,176 |
| Other income | 22,097 | 22,259 |
| Total investment income, net | 2,420,037 | 3,397,476 |
| Contributions: | | |
| Participant | 2,260,358 | 2,113,961 |
| Employer | 806,154 | 731,608 |
| Participant rollovers | 478,648 | 56,099 |
| Total contributions | 3,545,160 | 2,901,668 |
| Total additions, net | 5,965,197 | 6,299,144 |
| **Deductions** | | |
| Benefits paid to participants and beneficiaries | 1,667,591 | 1,480,859 |
| Administrative expenses | 29,471 | 26,318 |
| Total deductions | 1,697,062 | 1,507,177 |
| Net increase | 4,268,135 | 4,791,967 |
| Net Assets Available for Benefits, beginning of year, as previously stated | 16,612,450 | 11,820,483 |
| Prior period adjustment for 2008 corrective distributions | (86,404) | (86,404) |
| Net Assets Available for Benefits, beginning of year, as restated | 16,526,046 | 11,734,079 |
| Net Assets Available for Benefits, end of year | $ 20,794,181 | $ 16,526,046 |

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

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the BenefitMall 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

*General*

The Plan is a defined contribution plan established on July 15, 1999, covering all employees of Centerstone Insurance and Financial Services, dba, BenefitMall (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). During the 2010 and 2009 plan years, Prudential Trust Company ("Prudential") served as the Plan's record keeper and trustee.

*Contributions*

Each year, participants may contribute a percentage of their pretax annual compensation, as defined in the Plan, up to the maximum of 20%. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Employer matches up to 50% of the first 6% of each participant's contribution to the Plan during the plan year. To be eligible for matching contributions, participants must complete six months of service with the Employer. The Employer may also, at its discretion, make additional contributions to the plan on an annual basis. For the years ended December 31, 2010 and 2009, the Employer made no additional contributions to the plan.

*Participant Accounts*

Each participant's account is credited with the participant's contributions, allocations of Company matching contributions, and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balances into various investment options offered by the Plan.

*Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Participants vest in employer contributions on a five year schedule as follows:

| Years of Vesting Service | Percentage Vested |
|---|---|
| 0 | 0% |
| 1 | 20% |
| 2 | 40% |
| 3 | 60% |
| 4 | 80% |
| 5 | 100% |

*Participant Loans*

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as transfers to (from) the investment fund from (to) the participant loan fund. Loan terms range from one to five years or up to twenty years for the purchase of a primary residence.

## NOTE 1 - DESCRIPTION OF PLAN (continued)

*Participant Loans (continued)*

The loans are secured by the vested balances in the participants' accounts and bear interest at rates commensurate with local prevailing rates as determined by the plan administrator at the time the loan is approved. At December 31, 2010, interest rates on outstanding loans to participants ranged from 4.25% to 10.5% and mature through 2031. Principal and interest are paid ratably through payroll deductions.

*Payment of Benefits*

On termination of service, death, or disability, a participant may elect to receive a lump-sum or installment payments equal to the value of the participant's vested interest in his or her account.

*Forfeitures*

Forfeitures of non-vested employer contributions are used to pay administrative expenses or to reduce future employer matching contributions. As of December 31, 2010 and 2009, forfeitures totaling $51,621 and $48,163 are available for these purposes, respectively.

*Administrative Expenses*

In 2010 and 2009, the Plan was charged with Trustee expenses, while the Employer paid the remainder of the administrative expenses.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

*Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting.

*Adoption of New Accounting Pronouncements*

In September 2010, the FASB issued an amendment ASU 2010-25, Plan Accounting –Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Plans, which provides guidance on how loans to participants should be classified and measured by defined-contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their principal balance plus any accrued but unpaid interest. This amendment is effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented. This amendment was adopted for the year ended December 31, 2010 and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling $656,562 from investments to notes receivable as of December 31, 2009. There was no impact to the Plan's net assets as of December 31, 2010 or 2009 as a result of the adoption

In January 2010, the FASB issued ASU 2010-06, *Improving Disclosures About Fair Value Measurements*. ASU 2010-06 requires additional disclosure about the amounts of and reasons for significant transfers in and out of Level 1 and Level 2 fair value measurements. This standard also clarifies existing disclosures related to the level of disaggregation of fair value measurements for each class of assets and liabilities and disclosure about inputs and valuation techniques used to measure fair value for both recurring and nonrecurring Level 2 and Level 3 measurements. The new disclosures and clarifications of existing disclosures under ASU 2010-06 are effective for interim and annual reporting periods beginning after December 15, 2009. The adoption of this standard did not have a material effect on the Plan's financial statements.

In addition, ASU 2010-06 requires separate presentation of information about purchases, sales, issuances, and settlements in the reconciliation for Level 3 fair value measurements effective for fiscal years beginning after December 15, 2010 and for interim periods within those fiscal years. Adoption of the additional disclosure requirements will be effective for the Plan for the year ended December 31, 2011 and is not expected to have a material effect on the Plan's financial statements since the Plan has no Level 3 investments.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Management Estimates*

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

*Investment Valuation*

The Plan's investments for the years ended December 31, 2010 and 2009 were limited to investments in various investments and insurance contracts of Prudential, Trustee of the Plan. These investments have been presented at the approximate fair market values as determined by Prudential. Participant loans are valued at the outstanding loan balances.

*Fully Benefit–Responsive Investment Contracts*

Accounting guidance defines the circumstances in which an investment contract is considered fully benefit–responsive and provides certain reporting and disclosure requirements for fully benefit–responsive investment contracts in defined–contribution health and welfare and pension plans.

As described in the applicable accounting guidance, fully benefit–responsive investment contracts held by a defined–contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined–contribution plan attributable to fully benefit–responsive investment contracts because the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's Prudential Stable Value Fund invests in investment contracts through participation in the Wells Fargo Stable Return Fund ("Stable Return Fund"), a common collective trust. As required by the applicable accounting guidance, investments in the accompanying statements of net assets available for benefits presents the fair value of the Stable Return Fund, as well as the adjustment of the Stable Return Fund related value to fully benefit–responsive investment contracts from fair value to contract value.

*Payment of Benefits*

Distributions to participants are recorded when paid. Benefit distributions for the plan year ended December 31, 2010 and 2009 include payments of $172,295 and $102,105, respectively, made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the plan's statement of net assets available for benefits as excess contributions payable at December 31, 2010 and 2009.

*Reclassification*

Certain amounts in the prior year have been reclassified to be consistent with the current year's financial statement presentation.

*Risk Management*

The Plan utilizes various investment instruments, including mutual funds that invest in the securities of foreign countries. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. In addition, investments that include securities of foreign companies involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices may be more volatile than those of securities of comparable U.S. companies. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

## NOTE 3 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value as it relates to financial assets and liabilities and to nonfinancial assets and liabilities measured at fair value on a recurring basis. That framework provides a three-level valuation hierarchy based upon observable and unobservable inputs, with preference given to observable inputs. The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1: quoted prices in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

There were no level 3 investments at December 31, 2010 or 2009. There were no transfers between Level 1 and Level 2 during 2010 and 2009.

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of:

December 31, 2010

| | Fair Value Measurements | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) |
|---|---|---|---|
| Loan AP Fund | $ 43 | $ 43 | $ - |
| Mutual Funds | | | |
| Mid-Cap Value | 1,269,123 | 1,269,123 | - |
| Large Growth | 3,324,991 | 3,324,991 | - |
| Real Estate | 267,806 | 267,806 | - |
| Large Value | 600,725 | 600,725 | - |
| Mid-Cap Growth | 1,895,263 | 1,895,263 | - |
| Large Blend | 3,316,621 | 3,316,621 | - |
| Intermediate Government | 1,429,435 | 1,429,435 | - |
| Small Growth | 356,621 | 356,621 | - |
| Mid-Cap Blend | 252,544 | 252,544 | - |
| Small Value | 724,833 | 724,833 | - |
| Multisector Bond | 820,438 | 820,438 | - |
| Foreign Small/Mid Growth | 2,570,424 | 2,570,424 | - |
| Total Mutual Funds | 16,828,824 | 16,828,824 | - |
| Common/Collective Trust Funds | | | |
| Stable Value Fund | 3,156,303 | - | 3,156,303 |
| Total Common/Collective Trust Funds | 3,156,303 | - | 3,156,303 |
| Total Investments | $ 19,985,170 | $ 16,828,867 | $ 3,156,303 |

**NOTE 3 - FAIR VALUE MEASUREMENTS (continued)**

December 31, 2009

| | Fair Value Measurements | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) |
|---|---|---|---|
| Loan AP Fund | $ 43 | $ 43 | $ - |
| Mutual Funds | | | |
| Mid-Cap Value | 854,411 | 854,411 | - |
| Large Growth | 2,720,866 | 2,720,866 | - |
| Real Estate | 166,978 | 166,978 | - |
| Large Value | 429,712 | 429,712 | - |
| Mid-Cap Growth | 1,518,490 | 1,518,490 | - |
| Large Blend | 2,715,528 | 2,715,528 | - |
| Intermediate Government | 1,191,315 | 1,191,315 | - |
| Small Growth | 208,500 | 208,500 | - |
| Mid-Cap Blend | 214,696 | 214,696 | - |
| Small Value | 481,494 | 481,494 | - |
| Multisector Bond | 567,297 | 567,297 | - |
| Foreign Small/Mid Growth | 2,163,845 | 2,163,845 | - |
| Total Mutual Funds | 13,233,132 | 13,233,132 | - |
| Common/Collective Trust Funds | | | |
| Stable Value Fund | 2,707,346 | - | 2,707,346 |
| Total Common/Collective Trust Funds | 2,707,346 | - | 2,707,346 |
| Total Investments | $ 15,940,521 | $ 13,233,175 | $ 2,707,346 |

*Mutual Funds*

The mutual funds are valued at quoted market prices in an exchange and active markets, and are classified as Level 1 investments.

*Common/Collective Trust Funds*

The common/collective trust funds are valued at the net asset value of units held by the Plan at year-end, and generally, include the use of significant observable inputs in determining the unit value. These funds are classified as Level 2 investments.

**NOTE 4 - EXCESS CONTRIBUTIONS PAYABLE**

Excess contributions payable represents amounts owed to participants who made excess contributions based on the compliance testing performed by the Plan's record keeper. The excess contributions payable balance as of December 31, 2010 and 2009 were distributed by the Plan to the participants by April 1, 2011 and 2010, respectively.

## NOTE 5 - PLAN TERMINATION

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

## NOTE 6 - TAX STATUS

The Company adopted a prototype standardized 401(k) profit sharing plan developed by Prudential, which received a favorable opinion letter from the Internal Revenue Service on June 20, 2002, stating that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

## NOTE 7 - FINANCIAL INFORMATION CERTIFIED BY TRUSTEE

Information in the financial statements and supplemental schedules regarding the Plan's investments and investment income was prepared by Prudential, the Trustee of the assets, and was furnished to the Plan Administrator. The Plan Administrator has obtained certification from Prudential that such information is complete and accurate. The Prudential stable value fund was certified by Wells Fargo Bank N.A. due to it investing in the Wells Fargo Stable Return Fund.

## NOTE 8 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events from year end thru June 27, 2011, the date these financial statements were available to issue, and determined that no significant subsequent events have occurred requiring adjustments to the financial statements or disclosures.

## NOTE 9 - INVESTMENTS

The Plan's investments are held by a trustee in various participant-directed investment programs or funds. The participant can select his own investment options in any combination. These options may be changed by the participant at any time.

Investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009 are as follows:

| Fund | 2010 | 2009 |
|---|---|---|
| Growth Fund of America R3 | $ 3,324,991 | $ 2,720,866 |
| Prudential Stable Val 10 | 3,156,303 | 2,701,942 |
| MFS Inter New Discovery A | 2,570,424 | 2,163,845 |
| Pru Jen Value Fund A | 2,358,397 | 1,904,312 |
| Pru Govt Income Fund A | 1,429,435 | 1,191,315 |
| Gold Sachs Mid Cap Val A | 1,269,123 | 854,411 |
| Pru Jen Mid Cap Growth A | 1,191,832 | 944,700 |

## NOTE 10 - PRIOR PERIOD ADJUSTMENT

The prior period adjustment reflects the excess contributions payable and a decrease to net assets available for benefits of $86,404 at December 31, 2008. The excess contributions payable were refunded to certain participants and the Plan Sponsor in March, 2009.

## NOTE 11 - RECONCILIATION TO FORM 5500

Due to the correction for the prior period adjustment for unrecorded excess contributions payable as noted in Note 10, there are the following differences between these financial statements and the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Net increase per statement of changes in net assets available for benefits | $ 4,268,135 | $ 4,791,967 |
| Liability for excess contributions payable not recorded in 2009 and 2008 | (102,104) | 15,700 |
| Net income per Form 5500, Schedule H, Line 2k | $ 4,166,031 | $ 4,807,667 |

| Reconciliation of Form 5500 adjustments to prior period adjustment | |
|---|---|
| Excess contributions payable as of December 31, 2009 | $ (102,104) |
| Correction to net assets for excess contributions payable before January 1, 2009 | 15,700 |
| Prior period adjustment to net assets | $ (86,404) |

**BENEFITMALL 401(k) PLAN**
**Schedule of Assets (Held at End of Year)**
**December 31, 2010**

Employer Identification No: 95-4018229
Plan No: 001
Form No: 5500

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Prudential Mutual Funds | Gold Sachs Mid Cap Val A | $ 1,123,516 | $ 1,269,123 |
| * | Prudential Mutual Funds | Growth Fund of America R3 | 3,007,371 | 3,324,991 |
| * | Prudential Mutual Funds | Invesco Real Estate A | 251,690 | 267,806 |
| * | Prudential Mutual Funds | John Han Classic Val A | 612,830 | 600,725 |
| * | Prudential Mutual Funds | Fid Adv Mid Cap T | 659,533 | 703,431 |
| * | Prudential Mutual Funds | Pru Jenn Value Fund A | 2,297,108 | 2,358,397 |
| * | Prudential Mutual Funds | Pru Govt Income FD A | 1,363,556 | 1,429,435 |
| * | Prudential Mutual Funds | John Han Small Cap Equ | 261,709 | 356,621 |
| * | Prudential Mutual Funds | Pru Stock Index Fund Z | 857,146 | 958,224 |
| * | Prudential Mutual Funds | Pru Jenn Mid Cap Growth A | 916,757 | 1,191,832 |
| * | Prudential Mutual Funds | Victory Special Value A | 253,853 | 252,544 |
| * | Prudential Mutual Funds | Allianz NFJ SM Cap Val A | 626,568 | 724,833 |
| * | Prudential Mutual Funds | Fid Adv Strategic Inco T | 780,667 | 820,438 |
| * | Prudential Mutual Funds | MFS Inter New Discovery A | 2,273,046 | 2,570,424 |
| * | Wells Fargo Bank Minnesota | Prudential Stable Val 10 | 2,951,360 | 3,151,290 |
| * | The Prudential Insurance Company of America | LN AP Fund | 43 | 43 |
| | Participant loans | 4.25% - 10.50% | - | 951,242 |
| | Total Investments | | $ 18,236,753 | $ 20,931,399 |

* - *Denotes a party-in-interest as defined by ERISA.*

The data above is based upon or developed from information certified as accurate and complete by Prudential Trust Company (Trustee).

Employer Identification No: 95-4018229
Plan No: 001
Form No: 5500

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | *Category Per Yahoo Finance* | 2010 (d) Cost | 2010 (e) Current Value | 2009 (d) Cost | 2009 (e) Current Value |
|---|---|---|---|---|---|---|---|
| * | Prudential Mutual Funds | Gold Sachs Mid Cap Val A | *Mid-Cap Value* | $ 1,123,516 | $ 1,269,123 | 949,348 | 854,411 |
| * | Prudential Mutual Funds | Growth Fund of America R3 | *Large Growth* | 3,007,371 | 3,324,991 | 2,736,095 | 2,720,866 |
| * | Prudential Mutual Funds | Invesco Real Estate A | *Real Estate* | 251,690 | 267,806 | 189,889 | 166,978 |
| * | Prudential Mutual Funds | John Han Classic Val A | *Large Value* | 612,830 | 600,725 | 527,658 | 429,712 |
| * | Prudential Mutual Funds | Fid Adv Mid Cap T | *Mid-Cap Growth* | 659,533 | 703,431 | 652,749 | 573,790 |
| * | Prudential Mutual Funds | Pru Jenn Value Fund A | *Large Blend* | 2,297,108 | 2,358,397 | 2,136,816 | 1,904,312 |
| * | Prudential Mutual Funds | Pru Govt Income FD A | *Intermediate Government* | 1,363,556 | 1,429,435 | 1,152,825 | 1,191,315 |
| * | Prudential Mutual Funds | John Han Small Cap Equ | *Small Growth* | 261,709 | 356,621 | 189,011 | 208,500 |
| * | Prudential Mutual Funds | Pru Stock Index Fund Z | *Large Blend* | 857,146 | 958,224 | 821,723 | 811,216 |
| * | Prudential Mutual Funds | Pru Jenn Mid Cap Growth A | *Mid-Cap Growth* | 916,757 | 1,191,832 | 831,923 | 944,700 |
| * | Prudential Mutual Funds | Victory Special Value A | *Mid-Cap Blend* | 253,853 | 252,544 | 262,237 | 214,696 |
| * | Prudential Mutual Funds | Allianz NFJ SM Cap Val A | *Small Value* | 626,568 | 724,833 | 511,286 | 481,494 |
| * | Prudential Mutual Funds | Fid Adv Strategic Inco T | *Multisector Bond* | 780,667 | 820,438 | 534,433 | 567,297 |
| * | Prudential Mutual Funds | MFS Inter New Discovery A | *Foreign Small/Mid Growth* | 2,273,046 | 2,570,424 | 2,314,601 | 2,163,845 |
| * | Wells Fargo Bank Minnesota | Prudential Stable Val 10 | | 2,951,360 | 3,151,290 | 2,540,334 | 2,701,942 |
| * | The Prudential Insurance Company of America | LN AP Fund | | 43 | 43 | 43 | 43 |
| | Participant loans | 4.25% - 10.50% | | - | 951,242 | - | 656,562 |
| | Total Investments | | | $ 18,236,753 | $ 20,931,399 | $ 16,350,971 | $ 16,591,679 |

* - *Denotes a party-in-interest as defined by ERISA.*

The data above is based upon or developed from information certified as accurate and complete by Prudential Trust Company (Trustee).

# BENEFITMALL 401(k) PLAN

## Financial Statements and Supplemental Schedule

**(with Independent Auditors' Report thereon)**

**December 31, 2010 and 2009**

**BENEFITMALL 401(k) PLAN**
**Table of Contents**


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Goldin Peiser & Peiser, L.L.P.
CPAs and Business Advisors

## Independent Auditors' Report

Plan Administrator
BenefitMall 401(k) Plan
Dallas, Texas

We were engaged to audit the financial statements and supplemental schedule of BenefitMall 401(k) Plan (the "Plan"), as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information referred to in Note 7, which was certified by Prudential Trust Company, the trustee of the Plan and by Wells Fargo Bank N.A. with regards to the Prudential stable value fund for the period January 1, 2010 to December 31, 2010, and January 1, 2009 to December 31, 2009, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Goldin Peiser & Peiser, LLP
June 27, 2011



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www.GPPcpa.com

**BENEFITMALL 401(k) PLAN**
**Statements of Net Assets Available for Benefits**
**December 31, 2010 and 2009**

| **Assets** | **2010** | **2009** *(as restated)* |
|---|---|---|
| Investments, at fair value: | | |
| Common collective trusts | $ 3,156,303 | $ 2,707,346 |
| Mutual funds | 16,828,867 | 13,233,175 |
| Total investments | 19,985,170 | 15,940,521 |
| Receivables: | | |
| Employer contributions | 8,707 | 9,198 |
| Participant contributions | 26,370 | 27,274 |
| Notes receivable from participants | 951,242 | 656,562 |
| Total receivables | 986,319 | 693,034 |
| **Liabilities** | | |
| Excess contributions payable | 172,295 | 102,105 |
| **Net Assets Available for Benefits at Fair Value** | 20,799,194 | 16,531,450 |
| **Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts** | (5,013) | (5,404) |
| **Net Assets Available for Benefits** | $ 20,794,181 | $ 16,526,046 |

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**Years ended December 31, 2010 and 2009**

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| Net appreciation in value of mutual funds | $ 2,184,656 | $ 3,187,938 |
| Investment income: | | |
| Participant loan interest | 38,720 | 42,329 |
| Capital gains | 18,300 | 4,774 |
| Interest and dividends | 156,264 | 140,176 |
| Other income | 22,097 | 22,259 |
| Total investment income, net | 2,420,037 | 3,397,476 |
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| Employer | 806,154 | 731,608 |
| Participant rollovers | 478,648 | 56,099 |
| Total contributions | 3,545,160 | 2,901,668 |
| Total additions, net | 5,965,197 | 6,299,144 |
| **Deductions** | | |
| Benefits paid to participants and beneficiaries | 1,667,591 | 1,480,859 |
| Administrative expenses | 29,471 | 26,318 |
| Total deductions | 1,697,062 | 1,507,177 |
| Net increase | 4,268,135 | 4,791,967 |
| Net Assets Available for Benefits, beginning of year, as previously stated | 16,612,450 | 11,820,483 |
| Prior period adjustment for 2008 corrective distributions | (86,404) | (86,404) |
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The following description of the BenefitMall 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

*General*

The Plan is a defined contribution plan established on July 15, 1999, covering all employees of Centerstone Insurance and Financial Services, dba, BenefitMall (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). During the 2010 and 2009 plan years, Prudential Trust Company ("Prudential") served as the Plan's record keeper and trustee.

*Contributions*

Each year, participants may contribute a percentage of their pretax annual compensation, as defined in the Plan, up to the maximum of 20%. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Employer matches up to 50% of the first 6% of each participant's contribution to the Plan during the plan year. To be eligible for matching contributions, participants must complete six months of service with the Employer. The Employer may also, at its discretion, make additional contributions to the plan on an annual basis. For the years ended December 31, 2010 and 2009, the Employer made no additional contributions to the plan.

*Participant Accounts*

Each participant's account is credited with the participant's contributions, allocations of Company matching contributions, and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balances into various investment options offered by the Plan.

*Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Participants vest in employer contributions on a five year schedule as follows:

| Years of Vesting Service | Percentage Vested |
|---|---|
| 0 | 0% |
| 1 | 20% |
| 2 | 40% |
| 3 | 60% |
| 4 | 80% |
| 5 | 100% |

*Participant Loans*

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as transfers to (from) the investment fund from (to) the participant loan fund. Loan terms range from one to five years or up to twenty years for the purchase of a primary residence.

## NOTE 1 - DESCRIPTION OF PLAN (continued)

*Participant Loans (continued)*

The loans are secured by the vested balances in the participants' accounts and bear interest at rates commensurate with local prevailing rates as determined by the plan administrator at the time the loan is approved. At December 31, 2010, interest rates on outstanding loans to participants ranged from 4.25% to 10.5% and mature through 2031. Principal and interest are paid ratably through payroll deductions.

*Payment of Benefits*

On termination of service, death, or disability, a participant may elect to receive a lump-sum or installment payments equal to the value of the participant's vested interest in his or her account.

*Forfeitures*

Forfeitures of non-vested employer contributions are used to pay administrative expenses or to reduce future employer matching contributions. As of December 31, 2010 and 2009, forfeitures totaling $51,621 and $48,163 are available for these purposes, respectively.

*Administrative Expenses*

In 2010 and 2009, the Plan was charged with Trustee expenses, while the Employer paid the remainder of the administrative expenses.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

*Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting.

*Adoption of New Accounting Pronouncements*

In September 2010, the FASB issued an amendment ASU 2010-25, Plan Accounting –Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Plans, which provides guidance on how loans to participants should be classified and measured by defined-contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their principal balance plus any accrued but unpaid interest. This amendment is effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented. This amendment was adopted for the year ended December 31, 2010 and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling $656,562 from investments to notes receivable as of December 31, 2009. There was no impact to the Plan's net assets as of December 31, 2010 or 2009 as a result of the adoption

In January 2010, the FASB issued ASU 2010-06, *Improving Disclosures About Fair Value Measurements*. ASU 2010-06 requires additional disclosure about the amounts of and reasons for significant transfers in and out of Level 1 and Level 2 fair value measurements. This standard also clarifies existing disclosures related to the level of disaggregation of fair value measurements for each class of assets and liabilities and disclosure about inputs and valuation techniques used to measure fair value for both recurring and nonrecurring Level 2 and Level 3 measurements. The new disclosures and clarifications of existing disclosures under ASU 2010-06 are effective for interim and annual reporting periods beginning after December 15, 2009. The adoption of this standard did not have a material effect on the Plan's financial statements.

In addition, ASU 2010-06 requires separate presentation of information about purchases, sales, issuances, and settlements in the reconciliation for Level 3 fair value measurements effective for fiscal years beginning after December 15, 2010 and for interim periods within those fiscal years. Adoption of the additional disclosure requirements will be effective for the Plan for the year ended December 31, 2011 and is not expected to have a material effect on the Plan's financial statements since the Plan has no Level 3 investments.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

*Management Estimates*

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

*Investment Valuation*

The Plan's investments for the years ended December 31, 2010 and 2009 were limited to investments in various investments and insurance contracts of Prudential, Trustee of the Plan. These investments have been presented at the approximate fair market values as determined by Prudential. Participant loans are valued at the outstanding loan balances.

*Fully Benefit–Responsive Investment Contracts*

Accounting guidance defines the circumstances in which an investment contract is considered fully benefit–responsive and provides certain reporting and disclosure requirements for fully benefit–responsive investment contracts in defined–contribution health and welfare and pension plans.

As described in the applicable accounting guidance, fully benefit–responsive investment contracts held by a defined–contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined–contribution plan attributable to fully benefit–responsive investment contracts because the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's Prudential Stable Value Fund invests in investment contracts through participation in the Wells Fargo Stable Return Fund ("Stable Return Fund"), a common collective trust. As required by the applicable accounting guidance, investments in the accompanying statements of net assets available for benefits presents the fair value of the Stable Return Fund, as well as the adjustment of the Stable Return Fund related value to fully benefit–responsive investment contracts from fair value to contract value.

*Payment of Benefits*

Distributions to participants are recorded when paid. Benefit distributions for the plan year ended December 31, 2010 and 2009 include payments of $172,295 and $102,105, respectively, made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included in the plan's statement of net assets available for benefits as excess contributions payable at December 31, 2010 and 2009.

*Reclassification*

Certain amounts in the prior year have been reclassified to be consistent with the current year's financial statement presentation.

*Risk Management*

The Plan utilizes various investment instruments, including mutual funds that invest in the securities of foreign countries. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. In addition, investments that include securities of foreign companies involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices may be more volatile than those of securities of comparable U.S. companies. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

## NOTE 3 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value as it relates to financial assets and liabilities and to nonfinancial assets and liabilities measured at fair value on a recurring basis. That framework provides a three-level valuation hierarchy based upon observable and unobservable inputs, with preference given to observable inputs. The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1: quoted prices in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

There were no level 3 investments at December 31, 2010 or 2009. There were no transfers between Level 1 and Level 2 during 2010 and 2009.

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of:

December 31, 2010

| | Fair Value Measurements | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) |
|---|---|---|---|
| Loan AP Fund | $ 43 | $ 43 | $ - |
| Mutual Funds | | | |
| Mid-Cap Value | 1,269,123 | 1,269,123 | - |
| Large Growth | 3,324,991 | 3,324,991 | - |
| Real Estate | 267,806 | 267,806 | - |
| Large Value | 600,725 | 600,725 | - |
| Mid-Cap Growth | 1,895,263 | 1,895,263 | - |
| Large Blend | 3,316,621 | 3,316,621 | - |
| Intermediate Government | 1,429,435 | 1,429,435 | - |
| Small Growth | 356,621 | 356,621 | - |
| Mid-Cap Blend | 252,544 | 252,544 | - |
| Small Value | 724,833 | 724,833 | - |
| Multisector Bond | 820,438 | 820,438 | - |
| Foreign Small/Mid Growth | 2,570,424 | 2,570,424 | - |
| Total Mutual Funds | 16,828,824 | 16,828,824 | - |
| Common/Collective Trust Funds | | | |
| Stable Value Fund | 3,156,303 | - | 3,156,303 |
| Total Common/Collective Trust Funds | 3,156,303 | - | 3,156,303 |
| Total Investments | $ 19,985,170 | $ 16,828,867 | $ 3,156,303 |

**NOTE 3 - FAIR VALUE MEASUREMENTS (continued)**

December 31, 2009

| | Fair Value Measurements | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) |
|---|---|---|---|
| Loan AP Fund | $ 43 | $ 43 | $ - |
| Mutual Funds | | | |
| Mid-Cap Value | 854,411 | 854,411 | - |
| Large Growth | 2,720,866 | 2,720,866 | - |
| Real Estate | 166,978 | 166,978 | - |
| Large Value | 429,712 | 429,712 | - |
| Mid-Cap Growth | 1,518,490 | 1,518,490 | - |
| Large Blend | 2,715,528 | 2,715,528 | - |
| Intermediate Government | 1,191,315 | 1,191,315 | - |
| Small Growth | 208,500 | 208,500 | - |
| Mid-Cap Blend | 214,696 | 214,696 | - |
| Small Value | 481,494 | 481,494 | - |
| Multisector Bond | 567,297 | 567,297 | - |
| Foreign Small/Mid Growth | 2,163,845 | 2,163,845 | - |
| Total Mutual Funds | 13,233,132 | 13,233,132 | - |
| Common/Collective Trust Funds | | | |
| Stable Value Fund | 2,707,346 | - | 2,707,346 |
| Total Common/Collective Trust Funds | 2,707,346 | - | 2,707,346 |
| Total Investments | $ 15,940,521 | $ 13,233,175 | $ 2,707,346 |

*Mutual Funds*

The mutual funds are valued at quoted market prices in an exchange and active markets, and are classified as Level 1 investments.

*Common/Collective Trust Funds*

The common/collective trust funds are valued at the net asset value of units held by the Plan at year-end, and generally, include the use of significant observable inputs in determining the unit value. These funds are classified as Level 2 investments.

**NOTE 4 - EXCESS CONTRIBUTIONS PAYABLE**

Excess contributions payable represents amounts owed to participants who made excess contributions based on the compliance testing performed by the Plan's record keeper. The excess contributions payable balance as of December 31, 2010 and 2009 were distributed by the Plan to the participants by April 1, 2011 and 2010, respectively.

## NOTE 5 - PLAN TERMINATION

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

## NOTE 6 - TAX STATUS

The Company adopted a prototype standardized 401(k) profit sharing plan developed by Prudential, which received a favorable opinion letter from the Internal Revenue Service on June 20, 2002, stating that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

## NOTE 7 - FINANCIAL INFORMATION CERTIFIED BY TRUSTEE

Information in the financial statements and supplemental schedules regarding the Plan's investments and investment income was prepared by Prudential, the Trustee of the assets, and was furnished to the Plan Administrator. The Plan Administrator has obtained certification from Prudential that such information is complete and accurate. The Prudential stable value fund was certified by Wells Fargo Bank N.A. due to it investing in the Wells Fargo Stable Return Fund.

## NOTE 8 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events from year end thru June 27, 2011, the date these financial statements were available to issue, and determined that no significant subsequent events have occurred requiring adjustments to the financial statements or disclosures.

## NOTE 9 - INVESTMENTS

The Plan's investments are held by a trustee in various participant-directed investment programs or funds. The participant can select his own investment options in any combination. These options may be changed by the participant at any time.

Investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009 are as follows:

| Fund | 2010 | 2009 |
|---|---|---|
| Growth Fund of America R3 | $ 3,324,991 | $ 2,720,866 |
| Prudential Stable Val 10 | 3,156,303 | 2,701,942 |
| MFS Inter New Discovery A | 2,570,424 | 2,163,845 |
| Pru Jen Value Fund A | 2,358,397 | 1,904,312 |
| Pru Govt Income Fund A | 1,429,435 | 1,191,315 |
| Gold Sachs Mid Cap Val A | 1,269,123 | 854,411 |
| Pru Jen Mid Cap Growth A | 1,191,832 | 944,700 |

## NOTE 10 - PRIOR PERIOD ADJUSTMENT

The prior period adjustment reflects the excess contributions payable and a decrease to net assets available for benefits of $86,404 at December 31, 2008. The excess contributions payable were refunded to certain participants and the Plan Sponsor in March, 2009.

## NOTE 11 - RECONCILIATION TO FORM 5500

Due to the correction for the prior period adjustment for unrecorded excess contributions payable as noted in Note 10, there are the following differences between these financial statements and the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Net increase per statement of changes in net assets available for benefits | $ 4,268,135 | $ 4,791,967 |
| Liability for excess contributions payable not recorded in 2009 and 2008 | (102,104) | 15,700 |
| Net income per Form 5500, Schedule H, Line 2k | $ 4,166,031 | $ 4,807,667 |

| Reconciliation of Form 5500 adjustments to prior period adjustment | |
|---|---|
| Excess contributions payable as of December 31, 2009 | $ (102,104) |
| Correction to net assets for excess contributions payable before January 1, 2009 | 15,700 |
| Prior period adjustment to net assets | $ (86,404) |

**BENEFITMALL 401(k) PLAN**
**Schedule of Assets (Held at End of Year)**
**December 31, 2010**

Employer Identification No: 95-4018229
Plan No: 001
Form No: 5500

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Prudential Mutual Funds | Gold Sachs Mid Cap Val A | $ 1,123,516 | $ 1,269,123 |
| * | Prudential Mutual Funds | Growth Fund of America R3 | 3,007,371 | 3,324,991 |
| * | Prudential Mutual Funds | Invesco Real Estate A | 251,690 | 267,806 |
| * | Prudential Mutual Funds | John Han Classic Val A | 612,830 | 600,725 |
| * | Prudential Mutual Funds | Fid Adv Mid Cap T | 659,533 | 703,431 |
| * | Prudential Mutual Funds | Pru Jenn Value Fund A | 2,297,108 | 2,358,397 |
| * | Prudential Mutual Funds | Pru Govt Income FD A | 1,363,556 | 1,429,435 |
| * | Prudential Mutual Funds | John Han Small Cap Equ | 261,709 | 356,621 |
| * | Prudential Mutual Funds | Pru Stock Index Fund Z | 857,146 | 958,224 |
| * | Prudential Mutual Funds | Pru Jenn Mid Cap Growth A | 916,757 | 1,191,832 |
| * | Prudential Mutual Funds | Victory Special Value A | 253,853 | 252,544 |
| * | Prudential Mutual Funds | Allianz NFJ SM Cap Val A | 626,568 | 724,833 |
| * | Prudential Mutual Funds | Fid Adv Strategic Inco T | 780,667 | 820,438 |
| * | Prudential Mutual Funds | MFS Inter New Discovery A | 2,273,046 | 2,570,424 |
| * | Wells Fargo Bank Minnesota | Prudential Stable Val 10 | 2,951,360 | 3,151,290 |
| * | The Prudential Insurance Company of America | LN AP Fund | 43 | 43 |
| | Participant loans | 4.25% - 10.50% | - | 951,242 |
| | Total Investments | | $ 18,236,753 | $ 20,931,399 |

* - *Denotes a party-in-interest as defined by ERISA.*

The data above is based upon or developed from information certified as accurate and complete by Prudential Trust Company (Trustee).