

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 <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a single-employer plan; ☒ a multiple-employer plan; or ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>333</u> 1c Effective date of plan <u>04/01/2004</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SYNERGETIC, INC.</u> <u>10 WOODCROSS DRIVE</u> <u>COLUMBIA, SC 29212</u>	2b Employer Identification Number (EIN) <u>27-0080966</u> 2c Sponsor's telephone number <u>803-750-7041</u> 2d Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2011</u>	<u>EMMETT SCULLY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SYNERGETIC, INC. 10 WOODCROSS DRIVE COLUMBIA, SC 29212	3b Administrator's EIN 27-0080966 3c Administrator's telephone number 803-750-7041
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	866
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	484
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	329
d Subtotal. Add lines 6a , 6b , and 6c	6d	813
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	813
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	549
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNERGETIC, INC.		D Employer Identification Number (EIN) 27-0080966

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 26 27 37 38 50	TPA	110901	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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?
28 51	MANAGED ACC FEE	12671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNERGETIC, INC.	D Employer Identification Number (EIN) 27-0080966	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	359815	73436
(2) Participant contributions	1b(2)	109371	117863
(3) Other.....	1b(3)	11052	12815
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)	483705	623330
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11368595	14999774
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12332538	15827218

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12332538	15827218
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	626074	
(B) Participants	2a(1)(B)	1490221	
(C) Others (including rollovers)	2a(1)(C)	241926	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2358221

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)	25243	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25243

(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)	243342	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		243342

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		1211722
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3838528

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	430458	
(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)		430458
f Corrective distributions (see instructions)	2f		1830
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)	110901	
(3) Investment advisory and management fees	2i(3)	12671	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		123572
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		555860

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3282668
l Transfers of assets:			
(1) To this plan.....	2l(1)		212012
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: J. ROBIN HAYNES, CPA

(2) EIN: 56-2310359

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

A Name of plan <u>SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNERGETIC, INC.</u>	D Employer Identification Number (EIN) <u>27-0080966</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SYNERGETIC, INC.
401(K) RETIREMENT SAVINGS PLAN
AUDITED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2010 AND 2009

J. Robin Haynes
Certified Public Accountant
Post Office Box 1335
Lexington, SC 29071

**SYNERGETIC, INC. 401(K) RETIREMENT SAVINGS PLAN
AUDITED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2010 AND 2009**

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J. Robin Haynes
Certified Public Accountant

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INDEPENDENT AUDITOR'S REPORT

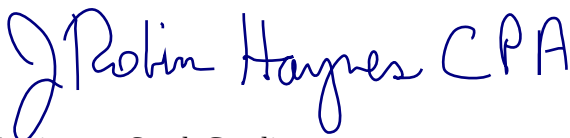
To the Plan Administrator of
Synergetic, Inc. 401(k) Retirement Savings Plan
Columbia, South Carolina

We have audited the accompanying statements of net assets available for benefits of the Synergetic, Inc. 401(k) Retirement Savings Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Synergetic, Inc. 401(k) Retirement Savings Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held as of December 31, 2010 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.



Lexington, South Carolina
October 10, 2011

Synergetic, Inc. 401(k) Retirement Savings Plan

Statements of Net Assets Available for Benefits As of December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets		
Investments	\$ 14,999,774	\$ 11,368,595
Receivables:		
Employers' contributions	73,436	359,815
Participants' contributions	117,862	109,371
Other contributions	<u>12,815</u>	<u>11,052</u>
Total contributions receivable	<u>204,113</u>	<u>480,238</u>
Participant Loans	623,330	483,705
Total assets	<u>15,827,217</u>	<u>12,332,538</u>
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 15,827,217</u></u>	<u><u>\$ 12,332,538</u></u>

See independent auditor's report and accompanying notes.

Synergetic, Inc. 401(k) Retirement Savings Plan

Statements of Changes In Net Assets Available for Benefits For the Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Net (depreciation) appreciation in fair value of investments	\$ 1,455,063	\$ 1,907,535
Interest on participant loans	25,243	20,938
Total investment income	<u>1,480,306</u>	<u>1,928,473</u>
Contributions:		
Participant	1,490,221	1,278,591
Employer	626,074	832,610
Other	241,926	499
Total contributions	<u>2,358,221</u>	<u>2,111,700</u>
 Total (subtractions) additions	 <u>3,838,527</u>	 <u>4,040,173</u>
Deductions from net assets attributed to:		
Benefits paid to participants	430,458	745,868
Administrator fees	123,572	102,371
Corrective distributions	<u>1,830</u>	<u>4,767</u>
Total deductions	<u>555,860</u>	<u>853,006</u>
Net (decrease) increase	3,282,667	3,187,167
Net assets available for benefits – beginning of year	12,332,538	9,145,371
Transfers-out	-	-
Transfers-in	<u>212,012</u>	<u>-</u>
Net assets available for benefits – end of year	<u><u>\$ 15,827,217</u></u>	<u><u>\$ 12,332,538</u></u>

See independent auditor's report and accompanying notes.

Synergetic, Inc. 401(k) Retirement Savings Plan
Notes To Financial Statements
For the Years Ended December 31, 2010 and 2009

NOTE A—DESCRIPTION OF PLAN

The following description of the Synergetic, Inc. 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a multiple employer defined contribution plan. As of December 31, 2010, the following employers participated in the Plan: Afaxys, Inc., American Metal Solutions, Inc., Bonaventure Property Management Services, Capitol Bus Lines, Inc.; Cherokee Kenworth, Inc.; Cherokee Trail/Lake Murray Veterinary; City Center Partnership; Clinical Specialties, LLC; Easlan Management Co., Inc.; Hawthorne Laurel Pharmacy, Inc.; Long's Drugs of South Carolina; Low Country Home Oxygen; McCall Capital, LLC; Mid Carolina Steel & Recycling, Inc.; Mobley Drugs, Inc., Mt. Valley Construction Co., Inc.; Palmetto Long Term Care Pharmacy, Synergetic, Inc.; Sherwood M. Cleveland, PC; The Fitts Company; Union Family Pharmacy; and Veterinary Medical Logistics, LLC.

Further information about the Plan, including eligibility, vesting, contributions, and withdrawals, is contained in the Summary Plan Description. Copies of this Summary Plan Description are available from Synergetic, Inc. personnel.

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan as of year-end. Participant loans are valued at their outstanding balances, which approximate fair values of year-end.

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

Payment of Benefits: Benefits are recorded when paid.

Participant loans: Employees may borrow against their deferred balances, subject to certain restrictions, with interest charged at market rates as defined in the Plan. At December 31, 2010 and 2009, there were loans to participants which totaled \$623,330 and \$483,705, respectively.

Synergetic, Inc. 401(k) Retirement Savings Plan
Notes To Financial Statements
For the Years Ended December 31, 2010 and 2009

NOTE C—FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

As of December 31, 2010	Fair value	(Level 1) Quoted Prices in Active Markets for Identified Assets	(Level 3) Significant Unobservable Inputs
Mutual Funds	\$ 14,999,774	\$ 14,999,774	
Participant Loans	623,330		623,330
Totals	<u>\$ 15,623,104</u>	<u>\$ 14,999,774</u>	<u>\$ 623,330</u>

Statement of Financial Accounting Standard No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds and the U.S. Government Securities is based on quoted net asset values of the shares or units held by the Plan at year-end.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs were not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are collateralized by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements:

	<u>Participant Loans</u>
Beginning balance, as of December 31, 2009	\$ 483,705
Purchases, sales, issuances, and settlements (net)	<u>139,625</u>
Ending balance, as of December 31, 2010	<u>\$ 623,330</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 are reported in net appreciation (reduction) in fair value of investments.

Synergetic, Inc. 401(k) Retirement Savings Plan
Notes To Financial Statements
For the Years Ended December 31, 2010 and 2009

NOTE D—INVESTMENTS

All Plan assets are in mutual funds and are participant-directed. There are no related party transactions or balances. The following presents investments as of December 31, 2010 and 2009 that represent five percent or more of the Plan's net assets:

	December 31, 2010	
	Shares	Fair Value
Vanguard REIT Index	49,590.23	\$ 911,472
Vanguard Money Market Prime	1,655,146.26	1,655,222
Vanguard Short-Term Fed	215,194.89	2,317,880
Vanguard Total Stock Market Index	62,854.49	1,983,698

	December 31, 2009	
	Shares	Fair Value
Vanguard REIT Index	39,651.74	\$ 588,432
Vanguard Money Market Prime	1,505,557.61	1,505,551
Vanguard Short-Term Fed	180,773.57	1,939,700
Vanguard Total Stock Market Index	52,199.45	1,432,880

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,455,063 during 2010 and appreciated in value by \$1,907,535 during 2009.

NOTE E—TAX STATUS

The Internal Revenue Service has determined and informed the Plan administrator by letter that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Supplemental Schedule

Identity of Issue	Market Value
American Century Large Co. Value	\$ 115,734
Bridgeway Ultra-Small Company Mkt	17,527
Dreyfus Appreciation	24,006
Fidelity Advisor Int'l Discovery A	927
Fidelity Cash Reserves	0
Fidelity Advisor Diversified Int'l A	186,432
Fidelity Advisor Midcap	18,347
Janus Growth & Income	80,423
Perkins Mid Cap Value	180,935
Neuberger Berman Partners Adv	29,586
T. Rowe Price Science & Technology	91,654
Highmark NYSE Arca Tech 100 Index A	290
T. Rowe Price New Asia	438,922
T. Rowe Price New Era	619,886
Hancock Classic Value A	2,827
American Funds EuroPacific R6	727,500
American Growth Fund Of America CI R4	165,484
American Funds New Perspective	22,616
American Capital World Growth & Inc R4	317,608
BlackRock Health Sciences Svc	2,554
SSgA S&P Index 500	186,300
Third Avenue Value	79,625
TCW Galileo Value Opportunities I	114,657
T. Rowe Price Value	193,447
Vanguard Intermediate-Term Bond Index	296,252
Vanguard Short-Term Bond Index	54,525
Vanguard Total Bond Index	302,147
Vanguard Health Care	146,889
Vanguard REIT Index	911,472
Vanguard Mid Cap Index	177,109
Vanguard Inflation Protected Secs	296,987
Vanguard Small Cap Growth Index	37,531
Vanguard Money Market Prime	1,655,222
Vanguard Short-Term Fed	2,317,880
Vanguard Total Stock Market Index	1,983,698
DWS Balanced Fund - A	4,026
DWS Blue Chip Fund - A	641,437
DWS Blue Chip Fund - B	38
DWS Capital Growth Fund - A	44,551
DWS Cash Investment Trust - A	15,349

DWS Core Plus Income Fund - A	21,416
DWS Dreman Small Cap Value - A	157,363
DWS Dreman Small Cap Value - B	2
DWS Enhanced Global Bond Fund - A	2,932
DWS Global Small Cap Growth - A	698,856
DWS Global Small Cap Growth - B	2
DWS Global Thematic Fund - A	83,597
DWS High Income Fund - A	8,409
DWS International Fund - A	5,154
DWS Large Cap Value Fund - A	640,637
DWS Large Cap Value Fund - B	2
DWS Lifecompass 2020 Fund - A	22,577
DWS Mid Cap Growth Fund - A	40,818
DWS Money Mkt Prime Series MMkt - A	19,815
DWS Short Duration Plus Fund - B	3
DWS Short Duration Plus Fund - A	354,002
DWS Small Cap Growth Fund - A	15,122
DWS Strategic Govt Securities - A	94,081
DWS Strategic Govt Securities - B	10
DWS Strategic Income Fund - A	6,849
DWS Strategic Value Fund - A	57,390
DWS Technology Fund - A	265,452
DWS World Dividend Fund - A	2,884
Grand Total	\$ 14,999,774

Due to the nature of the investment in mutual funds, the maturity date, rate of interest, collateral, par and costs are not applicable.

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

SYNERGETIC, INC. 401K RETIREMENT SAVINGS PLAN

PLAN # 333

EIN #: 27-0080966

(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
	American Century Funds	ALPAX - American Century Large Co_ Value		115,734
	Bridgeway Funds	BRSIX - Bridgeway Ultra-Small Company Mkt		17,527
	Dreyfus Funds	DGAGX - Dreyfus Appreciation		24,006
	Fidelity Funds	FAIDX - Fidelity Advisor Int'l Discovery A		927
	Fidelity Funds	FDVAX - Fidelity Advisor Diversified Int'l A		186,432
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		18,347
	Janus Funds	JAGIX - Janus Growth & Income		80,423
	Janus Funds	JMCVX - Perkins Mid Cap Value		180,935
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Partners Adv		29,586
	T Rowe Price Funds	PASTX - T_ Rowe Price Science & Technology		91,654
	North Track Funds	PPTIX - Highmark NYSE Arca Tech 100 Index A		290
	T Rowe Price Funds	PRASX - T_ Rowe Price New Asia		438,922
	T Rowe Price Funds	PRNEX - T_ Rowe Price New Era		619,886
	John Hancock Funds	PZFBX - Hancock Classic Value A		2,827
	American Funds	RERGX - American Funds EuroPacifc R6		727,500
	American Funds	RGAEX - American Growth Fund Of America Cl R4		165,484
	American Funds	RNPEX - American Funds New Perspective		22,616
	American Funds	RWIEX - American Captial World Growth & Inc R4		317,608
	BlackRock Funds	SHISX - BlackRock Health Sciences Svc		2,554
	Ssga Funds	SVSPX - SSgA S&P Index 500		186,300
	Third Avenue Funds	TAVFX - Third Avenue Value		79,625
	TCW Galileo Funds	TGVOX - TCW Galileo Value Opportunities I		114,657
	T Rowe Price Funds	TRVLX - T_ Rowe Price Value		193,447
	Vanguard Funds	VBIX - Vanguard Intermediate-Term Bond Index		296,252
	Vanguard Funds	VBISX - Vanguard Short-Term Bond Index		54,525
	Vanguard Funds	VBMTX - Vanguard Total Bond Index		302,147
	Vanguard Funds	VGHGX - Vanguard Health Care		146,889
	Vanguard Funds	VGSIX - Vanguard REIT Index		911,472
	Vanguard Funds	VIMSX - Vanguard Mid Cap Index		177,109
	Vanguard Funds	VIPSX - Vanguard Inflation Protected Secs		296,987
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		37,531
	DWS Funds	VMMXX - Vanguard Money Market Prime		1,655,222
	DWS Funds	VSGBX - Vanguard Short-Term Fed		2,317,880
	DWS Funds	VTSMX - Vanguard Total Stock Market Index		1,983,698
	DWS Funds	DWS BALANCED FUND-A		4,026
	DWS Funds	DWS BLUE CHIP FUND-A		641,437
	DWS Funds	DWS BLUE CHIP FUND-B		38

(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
	DWS Funds	DWS CAPITAL GROWTH FUND-A		44,551
	DWS Funds	DWS CASH INVESTMENT TRUST-A		15,349
	DWS Funds	DWS CORE PLUS INCOME FUND-A		21,416
	DWS Funds	DWS DREMAN SMALL CAP VALUE-A		157,363
	DWS Funds	DWS DREMAN SMALL CAP VALUE-B		2
	DWS Funds	DWS ENHANCED GLOBAL BOND FUND-A		2,932
	DWS Funds	DWS GLOBAL SMALL CAP GROWTH-A		698,856
	DWS Funds	DWS GLOBAL SMALL CAP GROWTH-B		2
	DWS Funds	DWS GLOBAL THEMATIC FUND-A		83,597
	DWS Funds	DWS HIGH INCOME FUND-A		8,409
	DWS Funds	DWS INTERNATIONAL FUND-A		5,154
	DWS Funds	DWS LARGE CAP VALUE FUND-A		640,637
	DWS Funds	DWS LARGE CAP VALUE FUND-B		2
	DWS Funds	DWS LIFECOMPASS 2020 FUND - A		22,577
	DWS Funds	DWS MID CAP GROWTH FUND - A		40,818
	DWS Funds	DWS MONEY MKT PRIME SERIES MMKT - A		19,815
	DWS Funds	DWS SHORT DURATION PLUS FUND - B		3
	DWS Funds	DWS SHORT DURATION PLUS FUND-A		354,002
	DWS Funds	DWS SMALL CAP GROWTH FUND-A		15,122
	DWS Funds	DWS STRATEGIC GOVT SECURITIES - A		94,081
	DWS Funds	DWS STRATEGIC GOVT SECURITIES - B		10
	DWS Funds	DWS STRATEGIC INCOME FUND-A		6,849
	DWS Funds	DWS STRATEGIC VALUE FUND - A		57,390
	DWS Funds	DWS TECHNOLOGY FUND-A		265,452
	DWS Funds	DWS WORLD DIVIDEND FUND-A		2,884
	Participant Loans	4.25% to 9.25%		623,330