

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                         | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1998</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>333</u>                                                  | <b>1c</b> Effective date of plan<br><u>01/01/1998</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                               | <u>333</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1998</u>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br><u>ACCORD HUMAN RESOURCES</u><br><br><br><u>210 PARK AVENUE, SUITE 1200</u><br><u>OKLAHOMA CITY, OK 73102</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>73-1402191</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>405-232-9888</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>561300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>73-1402191</u> | <b>2c</b> Sponsor's telephone number<br><u>405-232-9888</u> | <b>2d</b> Business code (see instructions)<br><u>561300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>73-1402191</u>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>405-232-9888</u>                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2011 | DALE HAGEMAN                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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")

ACCORD HUMAN RESOURCES

210 PARK AVENUE, SUITE 1200  
OKLAHOMA CITY, OK 73102**3b** Administrator's EIN

73-1402191

**3c** Administrator's telephone number

405-232-9888

**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**

3913

**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**

2892

**b** Retired or separated participants receiving benefits.....**6b**

0

**c** Other retired or separated participants entitled to future benefits.....**6c**

834

**d** Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

3726

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

**f** Total. Add lines **6d** and **6e**.....**6f**

3726

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

2170

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

27

**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 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) ☒

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

**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)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 333                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ACCORD HUMAN RESOURCES                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br>73-1402191                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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**(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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 26 27 37<br>38 50          | TPA                                                                                                      | 437840                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | MANAGED ACC FEE                                                                                          | 65702                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ACCORD HUMAN RESOURCES

73-1402191

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 14                            | PLAN ADMINISTRATOR                                                                                       | 43108                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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.

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN</b>                           | <b>B</b> Three-digit plan number (PN)                                  | <b>333</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ACCORD HUMAN RESOURCES</b>           | <b>D</b> Employer Identification Number (EIN)<br><br><b>73-1402191</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 341284                | 310660          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 250167                | 311394          |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 21717                 | 42382           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 1129137               | 1590994         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 44431166              | 51131338        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 46173471              | 53386768        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 46173471 | 53386768 |
|-----------------------------------------------------------|-----------|----------|----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1972425    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 5110335    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 353765     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 7436525   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |       |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |       |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 59683 |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 59683 |

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |         |         |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |         |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 1029287 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |         | 1029287 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 4838754   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 13364249  |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 5698424 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 5698424 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 61057   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 481560  |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 65702   |         |
| (4) Other .....                                                                            | <b>2i(4)</b> |         |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 547262  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 6306743 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 7057506 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 3032883 |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 2877092 |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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) |
|--------------------------------------------------------|--------------|-------------|
| EMPLOYERS RESOURCE GROUP, INC. SAFE HARBOR 401(K) PLAN | 73-1368124   | 002         |
| REGIONAL FOOD BANK OF OKLAHOMA 401(K) PLAN             | 73-1100380   | 001         |
| THRIVE HR LLC RETIREMENT SAVINGS PLAN                  | 27-0745991   | 001         |
| ALPHASTAFF RETIREMENT SAVINGS PLAN                     | 65-0314170   | 333         |

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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.).....                 |     |    |        |
| <b>4a</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>b</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.)..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>c</b> 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.) .....                                                                                                                            |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>d</b> 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.).....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>g</b> 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? .....                                                                                                                                      |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>h</b> 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? .....                                                                                                                            |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>j</b> 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.).....                                                                                    |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |        |

- 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) |
|-----------------------------------------------------------|--------------|-------------|
| TRINET 401(K) PLAN                                        | 65-0735612   | 334         |
| POSITIVE TOMORROW COMMUNITY BOARD, INC. 401(K) PLAN       | 73-1393438   | 001         |
| TRI-STATE ADMINISTRATIVE SERVICES, LLC 401(K) PLAN (TSAS) | 27-2523158   | 001         |
| EMPLOYEE LEASING SOLUTIONS RETIREMENT SAVINGS PLAN        | 65-0033986   | 333         |

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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.).....                 |     |    |        |
| <b>4a</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>b</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.)..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>c</b> 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.) .....                                                                                                                            |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>d</b> 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.).....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>g</b> 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? .....                                                                                                                                      |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>h</b> 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? .....                                                                                                                            |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>j</b> 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.).....                                                                                    |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                       |     |    |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |        |

- 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) |
|----------------------------------------------|--------------|-------------|
| EGR CONSTRUCTION 401K PROFIT SHARING & TRUST | 73-1563946   | 001         |
| KELLY MEDICINE 401(K) PLAN                   | 27-3463231   | 001         |
| OASIS RETIREMENT SAVINGS PLAN                | 65-0731524   | 333         |
| RONALD C FERNANDEZ, MD, PA 401K PLAN         | 59-3629890   | 001         |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                          |                                                                    |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                    |  |
| <b>A</b> Name of plan<br><u>ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN</u>                           | <b>B</b> Three-digit plan number (PN) ▶<br><u>333</u>              |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ACCORD HUMAN RESOURCES</u>           | <b>D</b> Employer Identification Number (EIN)<br><u>73-1402191</u> |  |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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..... 

|          |          |
|----------|----------|
| <b>1</b> | <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): 65-0708495

**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..... 

|          |  |
|----------|--|
| <b>3</b> |  |
|----------|--|

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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**

|                                                                                                                                                 |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>a</b> Enter the minimum required contribution for this plan year .....                                                                       | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                      | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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**

|                                                                                                                                                                                              |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes <input type="checkbox"/> 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):

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

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

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

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

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

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

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

Financial statements and report of independent certified  
public accountants

**Accord Human Resources Retirement Savings Plan**

December 31, 2010 and 2009

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\*All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



## Report of Independent Certified Public Accountants

Audit – Tax – Advisory

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Trustee  
Accord Human Resources Retirement Savings Plan

We were engaged to audit the financial statements of Accord Human Resources Retirement Savings Plan (the “Plan”) as of December 31, 2010 and for the year then ended, and supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan’s management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note K to the financial statements, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan’s 2010 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the year ended December 31, 2010. 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, have been audited by us in accordance with auditing standards generally accepted in the United States of America established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of Accord Human Resources Retirement Savings Plan as of December 31, 2009 and the related statement of changes in net assets available for benefits for the year then ended, and in our report dated October 13, 2010, we expressed our opinion that such financial statements present fairly, in all material respects, the net assets available for benefits of Accord Human Resources Retirement Savings Plan as of December 31, 2009 and the changes in net assets available for benefits for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

*Grant Thornton LLP*

Oklahoma City, Oklahoma  
October 11, 2011

## **Accord Human Resources Retirement Savings Plan**

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

|                                    | <u>2010</u>          | <u>2009</u>          |
|------------------------------------|----------------------|----------------------|
| ASSETS                             |                      |                      |
| Investments                        | \$ 51,131,338        | \$ 44,431,166        |
| Receivables                        |                      |                      |
| Participant contributions          | 353,776              | 271,884              |
| Employer contributions             | 310,660              | 341,284              |
| Notes receivable from participants | <u>1,590,994</u>     | <u>1,129,137</u>     |
| Total receivables                  | <u>2,255,430</u>     | <u>1,742,305</u>     |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 53,386,768</u> | <u>\$ 46,173,471</u> |

The accompanying notes are an integral part of these statements.

## Accord Human Resources Retirement Savings Plan

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31,

|                                                              | <u>2010</u>          | <u>2009</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Additions                                                    |                      |                      |
| Investment income                                            |                      |                      |
| Net appreciation in fair value of investments - mutual funds | \$ 4,805,906         | \$ 8,698,760         |
| Interest and dividend income                                 | <u>1,062,134</u>     | <u>851,012</u>       |
| Total investment income                                      | 5,868,040            | 9,549,772            |
| Interest income on notes receivable from participants        | 59,683               | 52,288               |
| Contributions                                                |                      |                      |
| Participant                                                  | 5,464,100            | 5,552,360            |
| Employer                                                     | <u>1,972,426</u>     | <u>2,082,669</u>     |
| Total contributions                                          | 7,436,526            | 7,635,029            |
| Direct transfers from other plans                            | <u>3,032,883</u>     | <u>873,099</u>       |
|                                                              | 16,397,132           | 18,110,188           |
| Deductions                                                   |                      |                      |
| Benefits paid to participants                                | 5,759,481            | 3,373,310            |
| Administrative fees                                          | 547,262              | 481,768              |
| Direct transfers to other plans                              | <u>2,877,092</u>     | <u>1,096,676</u>     |
| Total deductions                                             | <u>9,183,835</u>     | <u>4,951,754</u>     |
| NET INCREASE                                                 | 7,213,297            | 13,158,434           |
| Net assets available for benefits at beginning of year       | <u>46,173,471</u>    | <u>33,015,037</u>    |
| Net assets available for benefits at end of year             | \$ <u>53,386,768</u> | \$ <u>46,173,471</u> |

The accompanying notes are an integral part of these statements.

# Accord Human Resources Retirement Savings Plan

## NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

### NOTE A - DESCRIPTION OF PLAN

The following description of the Accord Human Resources 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.

1. General. The Plan, as established effective January 1, 1998, is a contributory, defined contribution, multiple-employer plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Accord Human Resources, Inc. (Accord) is a professional employer organization (PEO), which provides human resource management services with a special emphasis given to employee leasing to worksite employers. The Plan is designed to provide an opportunity for all employees of Accord and those worksite employers covered under the Plan to participate in a deferral of compensation arrangement pursuant to section 401(k) of the Internal Revenue Code. Plan participation is subject to the discretion of each worksite employer.

Minimum requirements for employee eligibility generally include any employee reaching the age of 21 years and that will complete at least 1,000 hours of service per year. Each worksite employer may have different eligibility requirements.

2. Contributions. Eligible employees (participants) can contribute from 1% to 100% of their compensation as defined by the Plan, subject to certain limitations under the Internal Revenue Code. The employers provide matching contributions and additional profit sharing contributions which are at the discretion of the employers. The participant contributions and the employer contributions may be allocated to various mutual fund investment choices as the participant directs.
3. Vesting. The participant's interest in employer contributions and earnings thereon becomes 100% vested when the participant attains normal retirement age as defined by the Plan. Prior to normal retirement age, such participant's interest generally becomes vested according to the following schedule, although vesting may vary by worksite employer.

| <u>Years of service</u> | <u>Vested percentage</u> |
|-------------------------|--------------------------|
| Less than 2 years       | 0%                       |
| 2 but less than 3       | 20%                      |
| 3 but less than 4       | 40%                      |
| 4 but less than 5       | 60%                      |
| 5 but less than 6       | 80%                      |
| 6 or more               | 100%                     |

Participants are 100% vested in their contributions and the earnings thereon.

4. Payment of Benefits. The benefits which are attributable to a participant's account are to be distributed to such participant or his/her beneficiary at the earliest of death, termination, retirement, or disability. If the vested account balance does not exceed \$5,000, the Plan will distribute that portion to the participant in a lump sum on the first administratively feasible date of the first plan year beginning after the participant terminates employment with the Company.

# **Accord Human Resources Retirement Savings Plan**

## **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

December 31, 2010 and 2009

### **NOTE A - DESCRIPTION OF PLAN - CONTINUED**

4. Payment of Benefits - Continued. In the event of a mandatory distribution greater than \$1,000, in accordance with the provisions of the Plan, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly in accordance with the provisions of the Plan, then the Plan Administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the Plan Administrator.

In all other circumstances, the Plan will commence distribution to the participant at the time the participant elects to commence distribution. The distribution may be delayed until the end of the plan year in which the latest of these three events occurs: (1) attainment of normal retirement age; (2) attainment of age 62; or (3) termination of employment with the Company, but in no case shall distribution be later than April 1<sup>st</sup> following the year in which the participant attains age 70½ or retires, whichever is later. Benefits attributable to the deferral contribution account may also be distributed upon hardship, as defined in the Plan.

5. Participant Accounts. Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses.
6. Notes Receivable From Participants. A participant may borrow from his or her account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of his or her vested account balance. The loan is secured by the balance in the participant's account and bears interest at a current rate of interest when made. Loan terms typically require repayment within five years; however, longer repayment terms can be approved if the loan is for the purpose of a primary residence purchase. Principal and interest are paid through payroll deductions.
7. Investment Options. The Plan allows each participant to elect certain mutual funds into which his or her account is invested.
8. Forfeited Accounts. Upon termination of a participant's employment, the nonvested portion of his or her employer's contributions is generally used to reduce future employer contributions. Forfeited nonvested accounts totaled approximately \$97,200 and \$107,500 at December 31, 2010 and 2009, respectively. Approximately \$49,500 and \$29,600 of forfeited nonvested accounts were used to reduce employer's matching contributions during the years ended December 31, 2010 and 2009.

### **NOTE B - SUMMARY OF ACCOUNTING POLICIES**

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Presentation

The Plan operates under a calendar year. The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

# Accord Human Resources Retirement Savings Plan

## NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

### NOTE B - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

#### 2. Valuation of Investments and Income Recognition

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

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

#### 3. Administrative Expenses

Certain administrative expenses not paid by the Plan are paid by Accord.

#### 4. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

#### 5. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates based on management's knowledge and experience. Due to their prospective nature, actual results could differ from those estimates.

#### 6. Payment of Benefits

Benefits are recorded when paid.

#### 6. New Accounting Pronouncements

In September 2010, FASB issued an amendment, *Plan Accounting - Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, which provides guidance on how loans to participants should be classified and measured by defined contribution plans. That guidance requires participant loans to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted this new guidance in its December 31, 2010 financial statements and has reclassified participant loans of \$1,129,137 as of December 31, 2009 from investments to notes receivable from participants. Additionally, the Plan reclassified interest income on participant loans of \$52,288 for the year ended December 31, 2009 from investment income to a separate category of additions to net assets. Net assets of the Plan were not affected by the adoption of the new guidance.

# Accord Human Resources Retirement Savings Plan

## NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

### NOTE C - PLAN ADMINISTRATION

Pursuant to agreements with Accord, Slavic Integrated Administration, Inc. ("Slavic") provides administrative and recordkeeping services to the Plan and Mid Atlantic Trust Company provides investment management services to the Plan.

### NOTE D - INVESTMENTS

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets available for benefits at December 31:

|                                            | 2010      | 2009         |
|--------------------------------------------|-----------|--------------|
| Fidelity Advisor International Discovery A | \$ *      | \$ 3,154,152 |
| T. Rowe Price New Asia                     | 3,063,290 | 2,521,879    |
| T. Rowe Price New Era Fund                 | 3,287,606 | 2,840,651    |
| Vanguard Prime Money Market Fund           | 4,204,533 | 4,687,591    |
| Vanguard Short-Term Federal Fund           | 3,731,875 | 4,334,791    |
| Vanguard Total Stock Market Index Fund     | 4,509,985 | 4,387,199    |
| Vanguard Total Stock Market Index Signal   | 4,574,826 | 2,761,743    |
| Vanguard Short-Term Federal Admiral        | 5,180,297 | 3,646,051    |
| American Funds EuroPacific                 | 3,708,339 | *            |

\*Holding does not exceed 5% of Plan net assets.

In general, the investments provided by the Plan are exposed to various risks, such as interest rate, credit and overall market volatility risks. 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 that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

### NOTE E - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices of identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

# Accord Human Resources Retirement Savings Plan

## NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

### NOTE E - FAIR VALUE MEASUREMENTS - CONTINUED

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds and money market funds - Valued at the net asset value ("NAV") of shares held by the Plan.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2010:

|                                 | Level 1<br>Inputs | Level 2<br>Inputs | Level 3<br>Inputs | Total<br>Fair Value |
|---------------------------------|-------------------|-------------------|-------------------|---------------------|
| Money market fund               | \$ 4,204,533      | \$ -              | \$ -              | \$ 4,204,533        |
| Mutual funds                    |                   |                   |                   |                     |
| Foreign Large Blend             | 898,173           | -                 | -                 | 898,173             |
| High Yield Bond                 | 323,816           | -                 | -                 | 323,816             |
| Intermediate - Term Bond        | 1,147,003         | -                 | -                 | 1,147,003           |
| Large Blend                     | 19,499,514        | -                 | -                 | 19,499,514          |
| Large Growth                    | 6,122,448         | -                 | -                 | 6,122,448           |
| Large Value                     | 700,647           | -                 | -                 | 700,647             |
| Mid-Cap Growth                  | 1,789,105         | -                 | -                 | 1,789,105           |
| Small Blend                     | 24,043            | -                 | -                 | 24,043              |
| Small Growth                    | 898,889           | -                 | -                 | 898,889             |
| Small Value                     | 31,995            | -                 | -                 | 31,995              |
| Mid Blend                       | 14,691,701        | -                 | -                 | 14,691,701          |
| Inflation Protected Bond        | 366,517           | -                 | -                 | 366,517             |
| Mid Cap Value                   | 432,954           | -                 | -                 | 432,954             |
| Total investments at fair value | \$ 51,131,338     | \$ -              | \$ -              | \$ 51,131,338       |

# Accord Human Resources Retirement Savings Plan

## NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

### NOTE E - FAIR VALUE MEASUREMENTS - CONTINUED

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

|                                 | Level 1<br>Inputs | Level 2<br>Inputs | Level 3<br>Inputs | Total<br>Fair Value |
|---------------------------------|-------------------|-------------------|-------------------|---------------------|
| Money market fund               | \$ 4,688,150      | \$ -              | \$ -              | \$ 4,688,150        |
| Mutual funds                    |                   |                   |                   |                     |
| Foreign Large Blend             | 7,673,579         | -                 | -                 | 7,673,579           |
| Intermediate Government         | 7,984,909         | -                 | -                 | 7,984,909           |
| Intermediate - Term Bond        | 1,674,483         | -                 | -                 | 1,674,483           |
| Large Blend                     | 11,632,498        | -                 | -                 | 11,632,498          |
| Large Growth                    | 1,834,019         | -                 | -                 | 1,834,019           |
| Large Value                     | 627,364           | -                 | -                 | 627,364             |
| Mid-Cap Growth                  | 5,931,983         | -                 | -                 | 5,931,983           |
| Small Blend                     | 612,993           | -                 | -                 | 612,993             |
| Technology                      | 354,603           | -                 | -                 | 354,603             |
| World Stock                     | 1,416,585         | -                 | -                 | 1,416,585           |
| Total investments at fair value | \$ 44,431,166     | \$ -              | \$ -              | \$ 44,431,166       |

### NOTE F - PLAN TERMINATION

Although there has been no expression of any intent to do so, any employer has the right under the Plan to discontinue its contributions at any time, and Accord has the right to terminate the Plan subject to the provisions of ERISA. In the event of any termination of the Plan, the accounts of each affected participant of the Plan will become fully vested.

### NOTE G - TAX STATUS

The Internal Revenue Service has determined by a determination letter dated January 7, 2009 that the Plan, as amended, meets the requirements of section 401(a) of the Internal Revenue Code and is tax-exempt under section 501(a) of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, Management of the Plan believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

# **Accord Human Resources Retirement Savings Plan**

## **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

December 31, 2010 and 2009

### **NOTE G - TAX STATUS - CONTINUED**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

### **NOTE H - DISTRIBUTIONS PAYABLE**

Distributions requested as of December 31, 2010 and 2009 but not paid until the subsequent year totaled approximately \$30,800 and \$122,300, respectively.

### **NOTE I - PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan transactions are executed by SMFMC, which is related to Slavic, the recordkeeper and contract administrator, as defined by the Plan, and, therefore, those transactions qualify as party-in-interest transactions. Fees paid by the Plan for the recordkeeping and contract administration services totaled approximately \$547,000 and \$482,000, for the years ended December 31, 2010 and 2009, respectively.

### **NOTE J - PLAN AMENDMENTS**

Effective December 22, 2010, the Plan was amended to allow participants who die while performing military service to be entitled to 100% accelerated vesting of their account.

### **NOTE K - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company, the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is accurate:

- Investments as shown in the statements of net assets available for benefits for the year ended December 31, 2010.
- Investment income as shown in the statements of changes in net assets available for benefits for the year ended December 31, 2010.
- Schedule H, Line 4i--schedule of assets (held at year end) as of December 31, 2010, excluding notes receivable from participants.

## **Accord Human Resources Retirement Savings Plan**

### **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

December 31, 2010 and 2009

#### **NOTE K - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE - CONTINUED**

The Plan's independent certified public accountants did not perform audit procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### **NOTE L - SUBSEQUENT EVENTS**

The Company has evaluated events and transactions that occurred subsequent to December 31, 2010 through October 11, 2011 the date these financial statements were available to be issued, for potential recognition or disclosure in these financial statements.

## **SUPPLEMENTARY INFORMATION**

## Accord Human Resources Retirement Savings Plan

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

December 31, 2010

| Identity of issuer, borrower, lessor or similar party | Description of investment | Current value |
|-------------------------------------------------------|---------------------------|---------------|
| Vanguard Prime Money Market Fund                      | Money Market Fund         | \$ 4,204,533  |
| Dreyfus Appreciation Fund                             | Mutual Fund               | 5,504         |
| Dreyfus Premier S&P Stars Opportunity A               | Mutual Fund               | 3             |
| Fidelity Advisor Mid Cap Fund                         | Mutual Fund               | 30,794        |
| Fidelity Advisor Diversified International Fund       | Mutual Fund               | 893,218       |
| Fidelity Advisor High Income Advantage Fund           | Mutual Fund               | 282           |
| Vanguard REIT Index Fund                              | Mutual Fund               | 2,615,584     |
| Vanguard Intermediate-Term Bond Index Fund            | Mutual Fund               | 556,544       |
| Vanguard Short-Term Federal Fund                      | Mutual Fund               | 3,731,875     |
| Vanguard Inflation Protected Securities Fund          | Mutual Fund               | 366,517       |
| Vanguard European Index Fund                          | Mutual Fund               | 198,345       |
| Vanguard Total International Stock Index Fund         | Mutual Fund               | 803,205       |
| Vanguard Total Bond Index Fund                        | Mutual Fund               | 590,459       |
| Vanguard High Yield Corporate Bond Fund               | Mutual Fund               | 323,816       |
| Vanguard Total Stock Market Index Fund                | Mutual Fund               | 4,509,985     |
| Vanguard Small Cap Growth Index Fund                  | Mutual Fund               | 898,889       |
| Vanguard Mid Cap Index Signal Fund                    | Mutual Fund               | 897,230       |
| Fidelity Advisor International Discovery A            | Mutual Fund               | 1,012         |
| Vanguard Healthcare Fund                              | Mutual Fund               | 7,939         |
| TCW Galileo Value Opportunities Fund                  | Mutual Fund               | 432,954       |
| Oppenheimer Global Fund                               | Mutual Fund               | 4             |
| Oppenheimer Limited-Term Government Fund              | Mutual Fund               | 7             |
| DWS Health Care Fund                                  | Mutual Fund               | 1,433         |
| SSgA S&P 500 Index Fund                               | Mutual Fund               | 1,342,741     |
| T Rowe Price Mid Cap Growth Fund                      | Mutual Fund               | 1,298,552     |
| T. Rowe Price New Era Fund                            | Mutual Fund               | 3,287,606     |
| T. Rowe Price New Asia                                | Mutual Fund               | 3,063,290     |
| American Funds Capital World Growth & Income Fund     | Mutual Fund               | 1,016,197     |
| American Funds Growth Fund of America                 | Mutual Fund               | 1,368,012     |
| American Funds New Perspective Fund                   | Mutual Fund               | 395,217       |
| American Funds Washington Mutual Fund                 | Mutual Fund               | 2,135         |
| Black Rock Health Sciences Svc                        | Mutual Fund               | 354,650       |
| Bridgeway Ultra-Small Company Mkt                     | Mutual Fund               | 2,632         |
| Hancock Classic Value A                               | Mutual Fund               | 9,273         |
| Neuberger Berman Partners Adv                         | Mutual Fund               | 1,153         |
| Highmark NYSE Area Tech 100 Index A                   | Mutual Fund               | 320,091       |
| DWS Technology A                                      | Mutual Fund               | 2,571         |
| MFS Utilities A                                       | Mutual Fund               | 130,923       |
| Vanguard European Stock Index Signal                  | Mutual Fund               | 142,053       |
| Vanguard REIT Index Signal                            | Mutual Fund               | 1,823,806     |
| Vanguard Short-Term Federal Admiral                   | Mutual Fund               | 5,180,297     |

## Accord Human Resources Retirement Savings Plan

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

December 31, 2010

| Identity of issuer, borrower, lessor or similar party | Description of investment                                                                                                                   | Current value        |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Vanguard Total Stock Market Index Signal              | Mutual Fund                                                                                                                                 | \$ 4,574,826         |
| DWS Strategic Value Fund A                            | Mutual Fund                                                                                                                                 | 7,151                |
| DWS International Fund A                              | Mutual Fund                                                                                                                                 | 3,943                |
| DWS World Dividend Fund A                             | Mutual Fund                                                                                                                                 | 3,818                |
| Franklin Gold and Precious Metals                     | Mutual Fund                                                                                                                                 | 449,985              |
| MFS Value                                             | Mutual Fund                                                                                                                                 | 677,622              |
| T. Rowe Price Dividend Growth                         | Mutual Fund                                                                                                                                 | 386,499              |
| American Century Mid Cap Value Fund                   | Mutual Fund                                                                                                                                 | 9,804                |
| American Funds EuroPacific                            | Mutual Fund                                                                                                                                 | 3,708,339            |
| Third Avenue Value Fund                               | Mutual Fund                                                                                                                                 | 2,865                |
| Vanguard Mid Cap Index Fund                           | Mutual Fund                                                                                                                                 | 442,902              |
| Vanguard Small Cap Index Fund                         | Mutual Fund                                                                                                                                 | 20,258               |
| Vanguard Small Cap Value Index Fund                   | Mutual Fund                                                                                                                                 | 31,995               |
|                                                       |                                                                                                                                             | <u>51,131,338</u>    |
| Notes Receivable from Participants                    | Installment loans due from participants with maturing dates ranging from January 2011 to August 2025 and interest rates from 4.25% to 8.75% | <u>1,590,994</u>     |
|                                                       |                                                                                                                                             | <u>\$ 52,722,332</u> |

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

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

PLAN #333

EIN #: 73-1402191

| (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                                     | ACMVX - American Century Mid Cap Value                                                                      |          | 9,804             |
|     | Bridgeway Funds                                            | BRSIX - Bridgeway Ultra-Small Company Mkt                                                                   |          | 2,632             |
|     | AIM Funds                                                  | CHTRX - AIM Charter                                                                                         |          | -                 |
|     | Dreyfus Funds                                              | DGAGX - Dreyfus Appreciation                                                                                |          | 5,497             |
|     | Dreyfus Funds                                              | DPMAX - Dreyfus Midcap Stock                                                                                |          | -                 |
|     | Dreyfus Funds                                              | DPOAX - Dreyfus Premier S&P Stars Opportunity A                                                             |          | -                 |
|     | Dreyfus Funds                                              | DSORX - Dreyfus Premier S&P Stars Opportunity                                                               |          | -                 |
|     | Fidelity Funds                                             | FAHYX - Fidelity Adv_ High Income Advantage T                                                               |          | 280               |
|     | Fidelity Funds                                             | FAIDX - Fidelity Advisor Int'l Discovery A                                                                  |          | 950               |
|     | Fidelity Funds                                             | FANAX - Fidelity Advisor Natural Resources A                                                                |          | -                 |
|     | Fidelity Funds                                             | FDAXX - Fidelity Daily Money Mkt                                                                            |          | -                 |
|     | Fidelity Funds                                             | FDVAX - Fidelity Advisor Diversified Int'l A                                                                |          | 893,369           |
|     | Invesco Funds                                              | FIDYX - AIM Dynamics Fund                                                                                   |          | -                 |
|     | Franklin Funds                                             | FKRCX - Franklin Gold and Precious Metals                                                                   |          | 449,949           |
|     | Fidelity Funds                                             | FMCDX - Fidelity Advisor Midcap                                                                             |          | 30,794            |
|     | Gabelli Funds                                              | GABGX - GAMCO Growth Fund                                                                                   |          | -                 |
|     | Janus Funds                                                | JAWWX - Janus Worldwide Fund                                                                                |          | -                 |
|     | Janus Funds                                                | JMCVX - Perkins Mid Cap Value                                                                               |          | -                 |
|     | DWS Funds                                                  | KTCAX - DWS Technology A                                                                                    |          | 2,571             |
|     | MFS Funds                                                  | MEIAX - MFS Value                                                                                           |          | 677,613           |
|     | MFS Funds                                                  | MMUFX - MFS Utilities A                                                                                     |          | 131,499           |
|     | Vanguard Funds                                             | NAESX - Vanguard Small Cap Index                                                                            |          | 20,257            |
|     | Neuberger & Berman Funds                                   | NBPBX - Neuberger Berman Partners Adv                                                                       |          | 1,196             |
|     | Oppenheimer Funds                                          | OPGVX - Oppenheimer Limited-Term Govt A                                                                     |          | -                 |
|     | Oppenheimer Funds                                          | OPPAX - Oppenheimer Global Fund A                                                                           |          | -                 |
|     | Federated Funds                                            | POIXX - Federated Prime Obligation Fund                                                                     |          | -                 |
|     | North Track Funds                                          | PPTIX - Highmark NYSE Arca Tech 100 Index A                                                                 |          | 320,078           |
|     | T Rowe Price Funds                                         | PRASX - T_ Rowe Price New Asia                                                                              |          | 3,063,364         |
|     | T Rowe Price Funds                                         | PRDGX - T_ Rowe Price Dividend Growth                                                                       |          | 386,494           |
|     | T Rowe Price Funds                                         | PRNEX - T_ Rowe Price New Era                                                                               |          | 3,287,649         |
|     | John Hancock Funds                                         | PZFBV - Hancock Classic Value A                                                                             |          | 9,280             |
|     | Oppenheimer Funds                                          | QVSCX - Oppenheimer Small & Mid Cap Value                                                                   |          | -                 |
|     | American Funds                                             | RERGX - American Funds EuroPacific R6                                                                       |          | 3,708,343         |
|     | American Funds                                             | RGAXX - American Growth Fund Of America CI R4                                                               |          | 1,369,024         |
|     | American Funds                                             | RIDEX - American Funds Income Fund of America R4                                                            |          | -                 |
|     | American Funds                                             | RITEX - American Funds High Income Fund R4                                                                  |          | -                 |
|     | American Funds                                             | RNPEX - American Funds New Perspective                                                                      |          | 395,205           |
|     | T Rowe Price Funds                                         | RPMGX - T Rowe Price Mid Cap Growth                                                                         |          | 1,298,470         |
|     | American Funds                                             | RSLEX - American Funds Small Cap World R4                                                                   |          | -                 |
|     | American Funds                                             | RWIEX - American Captial World Growth & Inc R4                                                              |          | 1,016,173         |
|     | American Funds                                             | RWMEX - American Funds Washington Mutual Fund R4                                                            |          | 2,116             |
|     | Wells Fargo Funds                                          | SCOVX - Wells Fargo Intrinsic Small Cap Value                                                               |          | -                 |

Schedule H

| (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 |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | BlackRock Funds                                            | SHISX - BlackRock Health Sciences Svc                                                                       |          | 354,627           |
|     | Ssga Funds                                                 | SSREX - SSgA REIT                                                                                           |          | -                 |
|     | Wells Fargo Funds                                          | STADX - Wells Fargo Ultra Short-Term Income Fund                                                            |          | -                 |
|     | DWS Funds                                                  | SUHAX - DWS Health Care                                                                                     |          | 1,433             |
|     | Ssga Funds                                                 | SVSPX - SSgA S&P Index 500                                                                                  |          | 1,342,783         |
|     | Third Avenue Funds                                         | TAVFX - Third Avenue Value                                                                                  |          | 2,865             |
|     | TCW Galileo Funds                                          | TGVOX - TCW Galileo Value Opportunities I                                                                   |          | 432,945           |
|     | Vanguard Funds                                             | VBIX - Vanguard Intermediate-Term Bond Index                                                                |          | 556,554           |
|     | Vanguard Funds                                             | VBISX - Vanguard Short-Term Bond Index                                                                      |          | -                 |
|     | Vanguard Funds                                             | VBMFX - Vanguard Total Bond Index                                                                           |          | 590,459           |
|     | Vanguard Funds                                             | VESSX - Vanguard European Stock Index Signal                                                                |          | 142,054           |
|     | Vanguard Funds                                             | VEURX - Vanguard European Index                                                                             |          | 198,336           |
|     | Vanguard Funds                                             | VGHCX - Vanguard Health Care                                                                                |          | 7,862             |
|     | Vanguard Funds                                             | VGRSX - Vanguard REIT Index Signal                                                                          |          | 1,823,842         |
|     | Vanguard Funds                                             | VGSIX - Vanguard REIT Index                                                                                 |          | 2,615,628         |
|     | Vanguard Funds                                             | VGTSX - Vanguard Total Intl Stock Index Fund                                                                |          | 803,200           |
|     | Vanguard Funds                                             | VIMSX - Vanguard Mid Cap Index                                                                              |          | 442,897           |
|     | Vanguard Funds                                             | VIPSX - Vanguard Inflation Protected Secs                                                                   |          | 366,517           |
|     | Vanguard Funds                                             | VISGX - Vanguard Small Cap Growth Index                                                                     |          | 898,885           |
|     | Vanguard Funds                                             | VISVX - Vanguard Small Cap Value Index                                                                      |          | 31,995            |
|     | Vanguard Funds                                             | VMISX - Vanguard Mid Cap Index Signal                                                                       |          | 897,230           |
|     | Vanguard Funds                                             | VMMXX - Vanguard Money Market Prime                                                                         |          | 4,203,077         |
|     | Vanguard Funds                                             | VSGBX - Vanguard Short-Term Fed                                                                             |          | 3,731,936         |
|     | Vanguard Funds                                             | VSGDX - Vanguard Short-Term Federal Admiral                                                                 |          | 5,180,320         |
|     | Vanguard Funds                                             | VTSMX - Vanguard Total Stock Market Index                                                                   |          | 4,509,709         |
|     | Vanguard Funds                                             | VTSSX - Vanguard Total Stock Market Index Signal                                                            |          | 4,574,846         |
|     | Vanguard Funds                                             | VWEHX - Vanguard High Yield Corporate Bond                                                                  |          | 323,816           |
|     | Vanguard Funds                                             | VWELX - Vanguard Wellington                                                                                 |          | -                 |
|     | DWS Funds                                                  | DWS STRATEGIC VALUE FUND - A                                                                                |          | 7,151             |
|     | DWS Funds                                                  | DWS INTERNATIONAL FUND-A                                                                                    |          | 3,943             |
|     | DWS Funds                                                  | DWS WORLD DIVIDEND FUND-A                                                                                   |          | 3,818             |
|     | Participant Loans                                          | 4.25% to 9.25%                                                                                              |          | 1,590,994         |
|     |                                                            |                                                                                                             |          |                   |