

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010			
A This return/report is for:	☐ a multiemployer plan;	☒ a multiple-employer plan; or	
	☐ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan TRINET MEP 401(K) RETIREMENT PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TRINET HR CORPORATION 1100 SAN LEANDRO BLVD. SAN LEANDRO, CA 94577	1b Three-digit plan number (PN) ►	333	
	1c Effective date of plan	01/01/1997	
	2b Employer Identification Number (EIN)	48-1304650	
	2c Sponsor's telephone number	510-352-5000	
	2d Business code (see instructions)	541214	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	GREG HAMMOND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TRINET HR CORPORATION 1100 SAN LEANDRO BLVD. SAN LEANDRO, CA 94577	3b Administrator's EIN 48-1304650 3c Administrator's telephone number 510-352-5000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1083
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1725
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	326
d Subtotal. Add lines 6a , 6b , and 6c	6d	2051
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	2051
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1198
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan TRINET MEP 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500. TRINET HR CORPORATION	D Employer Identification Number (EIN) 48-1304650	

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

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	MULTIPLE	148	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5263	220

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

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

SLAVIC INVESTMENT CORPORATION
 STE 500
 1075 BROKEN SOUND PKWY STE 10C
 BOCA RATON, FL 33487-3540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5263			4

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

SLAVIC INVESTMENT CORPORATION
 STE 500
 1075 BROKEN SOUND PKWY STE 10C
 BOCA RATON, FL 33487-3540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	220	NON-MONETARY COMPENSATION TO SALES REP	4

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

Schedule A (Form 5500) 2010
v.092308.1

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	73509
c	Additions: (1) Contributions deposited during the year	7c(1)	3872
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	3009
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	1877
	▶ LOAN REPAYMENT		
	(6) Total additions	7c(6)	8758
d	Total of balance and additions (add b and c(6)).	7d	82267
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	388
	(2) Administration charge made by carrier	7e(2)	735
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	1566
	▶ LOAN ISSUE ADJUSTMENTS		
	(5) Total deductions	7e(5)	2689
f	Balance at the end of the current year (subtract e(5) from d)	7f	79578

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan TRINET MEP 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR CORPORATION		D Employer Identification Number (EIN) 48-1304650

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 27 37 38 50	TPA	125965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRINET HR

48-1304650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	PLAN ADMINISTRATOR	18723	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	MANAGED ACC FEE	14747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	KIRKLAND RUSS MURPHY & TAPP, PA	b EIN:	59-3076061
c Position:	ACCOUNTANT		
d Address:	13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762	e Telephone:	727-572-1400
Explanation:		THE SHAREHOLDERS OF KIRKLAND RUSS MURPHY & TAPP BECAME SHAREHOLDERS OF MAYER HOFFMAN MCCANN PC AS OF NOVEMBER 1,2010.	

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

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

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

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

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan TRINET MEP 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) 333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRINET HR CORPORATION		D Employer Identification Number (EIN) 48-1304650
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL TECHNOLOGY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2381
a Name of MTIA, CCT, PSA, or 103-12 IE: AB SMALL MID CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1828
a Name of MTIA, CCT, PSA, or 103-12 IE: AC VP INFLATION PROTECT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24755
a Name of MTIA, CCT, PSA, or 103-12 IE: AFIS GLOBAL GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15444
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25519
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANCE VPS GROWTH & INC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10672
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN GLOBAL SMALL CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8199
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2010 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-148	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN GROWTH-INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10252

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN INTERNATIONAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7315

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-121	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20194

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK AURORA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-175	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL RESOURCES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200648

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-180	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9261

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15220

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK SMALL/MD CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57

a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS GBL REIT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4995

a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE EQUITY TOTAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 559

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20315

a Name of MTIA, CCT, PSA, or 103-12 IE: DEL VIP EMERGING MARKETS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP CAP RESERVES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11461

a Name of MTIA, CCT, PSA, or 103-12 IE: DELEWARE VIP SMCAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6930

a Name of MTIA, CCT, PSA, or 103-12 IE: DELEWARE VIP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-161	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1944

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28617

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10986

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1103

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP OVERSEAS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7843
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK SM-MD CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69
a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT/CORPORATE BOND TOTAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2348
a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT /CORPORATE BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59972
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND TOTAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 467
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88834
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6564
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ASPEN LG CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 631
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ASPEN MIDCAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8611

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79830
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DEL SOCIAL AWARENESS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1830
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP MID-CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-138	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10406
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA BOND INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7078
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA SMALL-CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4325
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP T. ROWE GROWTH STOCK		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1913
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP TEMPLETON GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-162	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2788
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP WLSH 2010		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1145
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDIUM CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14515
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT EMERGING GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7030

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT UTILITIES SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2894
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235239
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40087
a Name of MTIA, CCT, PSA, or 103-12 IE: SOCIAL AWARENESS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2523
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMP GLOBAL INC SEC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17290
a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 389
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS LC VI IX NON-LN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 694
a Name of MTIA, CCT, PSA, or 103-12 IE: DEL VIP DIVERSIFIEDINCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9508
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE SPECIAL OPP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20252
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA S&P 500 INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81673

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan TRINET MEP 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR CORPORATION	D Employer Identification Number (EIN) 48-1304650

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	28384	483245
(2) Participant contributions	1b(2)	35612	356649
(3) Other	1b(3)	733	4221
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	60915	340562
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1677922	1155472
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7840479	24770830
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	73509	79578
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9717554	27190557

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9717554	27190557
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1560162	
(B) Participants	2a(1)(B)	5843369	
(C) Others (including rollovers)	2a(1)(C)	741122	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8144653

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7025	
(F) Other	2b(1)(F)	2274	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9299

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	361056	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		361056

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		108857
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1970339
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10594204

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2912027	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2912027
f Corrective distributions (see instructions)	2f		8770
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	148198	
(3) Investment advisory and management fees	2i(3)	14747	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		162945
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3083742

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7510462
l Transfers of assets:			
(1) To this plan.....	2l(1)		14214285
(2) From this plan	2l(2)		4251744

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: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	X		5999
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PELITON HR ADMINISTRATION 401K PROFIT SHARING PLAN AND TRUST	84-1565287	001
ROCKY MOUNTAIN PEDIATRIC UROLOGY, PC 401(K) PS PLAN	84-1199652	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
EMPLOYER SOLUTIONS GROUP OF SLC 401(K) PLAN	87-0625985	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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?.....			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADMINISTAFF 401(K) PLAN	76-0178498	001
PAPERHOST 401(K) & NEW COMPARABILITY PLAN	58-2536254	002
RANDOM TECHNOLOGY, INC 401K PLAN	58-2162574	001
DISCOVERY OUTSOURCING 401K SAVINGS PLAN	27-0065882	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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?.....			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SEEFRIED INDUSTRIAL PROPERTIES, INC.	58-2150167	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

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

A Name of plan <u>TRINET MEP 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRINET HR CORPORATION</u>	D Employer Identification Number (EIN) <u>48-1304650</u>

Part I	Distributions
---------------	----------------------

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

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

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**TRINET MEP 401(K) RETIREMENT PLAN
(FORMERLY LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)**

**Financial Statements
and Supplemental Schedules**

**December 31, 2010 and 2009
(With Independent Auditors' Report Thereon)**

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

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Mayer Hoffman McCann P.C.

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Fax: 727.571.1933
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Independent Auditors' Report

To the Trustees of the
TriNet MEP 401(k) Retirement Plan
(formerly LMC Resources, Inc. 401(k) Profit Sharing Plan):

We have audited the accompanying statement of net assets available for benefits of the TriNet MEP 401(k) Retirement Plan (formerly LCM Resources, Inc. 401(k) Profit Sharing Plan) (the Plan) as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2009 were audited by other auditors, Kirkland, Russ, Murphy & Tapp, P.A. whose shareholders became shareholders of Mayer Hoffman McCann P.C. as of November 1, 2010. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to information certified by Lincoln National Life Insurance Company, one of the custodians of the Plan. Their report, dated October 12, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by a custodian, were 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.

Except as discussed in the following paragraph, we conducted our 2010 audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

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 10, which was certified by Lincoln National Life Insurance Company (Lincoln), one of the custodians 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 Lincoln holds certain Plan investment assets and executes certain investment transactions. The plan administrator has obtained a certification from Lincoln as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 10, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2010, and the changes in its financial status for the year ended December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule Delinquent Contributions (the supplemental schedules) listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the basic 2010 financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic 2010 financial statements and, in our opinion, except for the effects on the supplemental schedules of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 10 as described in the second preceding paragraph, are fairly stated in all material respects in relation to the basic 2010 financial statements taken as a whole.

Mayer Hoffman McCann P.C.

October 6, 2011
Clearwater, Florida

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

Assets	2010	2009
Investments at fair value:		
Pooled separate accounts	\$ 1,155,472	1,677,922
Registered investment companies	24,770,830	7,840,479
Guaranteed investment account	79,578	73,509
Total investments	26,005,880	9,591,910
Receivables:		
Participants contributions	356,649	35,612
Employers contributions	483,245	28,384
Notes receivable from participants	340,562	60,915
Other	4,221	733
Total receivables	1,184,677	125,644
Total assets	27,190,557	9,717,554
Liabilities		
Excess contributions payable	127,348	8,770
Net assets available for benefits	\$ 27,063,209	9,708,784

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2010

Additions to net assets attributed to:

Contributions:

Employers	\$ 1,560,162
Participants	5,716,021
Rollovers	<u>741,122</u>

Total contributions	8,017,305
---------------------	-----------

Investment income:

Net appreciation in fair value of investments	2,081,470
Dividend income	<u>361,056</u>

Total investment income	2,442,526
-------------------------	-----------

Interest on notes receivable from participants	<u>7,025</u>
--	--------------

Total additions	10,466,856
-----------------	------------

Deductions from net assets attributed to:

Benefits paid to participants	2,912,027
Administrative expenses	<u>162,945</u>

Total deductions	3,074,972
------------------	-----------

Net assets transferred in	<u>9,962,541</u>
---------------------------	------------------

Net increase	17,354,425
--------------	------------

Net assets available for benefits at beginning of year	<u>9,708,784</u>
--	------------------

Net assets available for benefits at end of year	<u><u>\$ 27,063,209</u></u>
--	-----------------------------

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements

December 31, 2010

(1) Description of the Plan

The following description of TriNet MEP 401(k) Retirement Plan (formerly LMC Resources, Inc. 401(k) Profit Sharing Plan) (the Plan) provides only general information. Participants should refer to the Plan agreement and amendments for a more complete description of the Plan's provisions.

(a) General

The Plan was formed effective January 1, 1997 by LMC Resources, Inc. Effective May 31, 2008, TriNet HR Corporation (the Plan Administrator) took over sponsorship of the Plan. The Plan is a defined contribution multiple-employer plan. The Plan is subject to some, but not all, of the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and The Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA).

Effective April 1, 2010, the Plan changed its name to TriNet MEP 401(k) Retirement Plan.

(b) Eligibility

The Plan covers all employees, as defined in the Plan, of the adopting employers (the Employers) who have completed the age and service requirements selected by the Employers. New Employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date entering the Plan. Participation occurs after completing each Employer's age and service requirements.

(c) Employee Contributions

Participants may elect to contribute from 1% to 100% of either their pre-tax compensation, after-tax compensation (Roth contribution) or any combination thereof, as defined in the Plan, up to a maximum of \$16,500 for the year ended December 31, 2010 and 2009. Participants who have attained age 50 during the Plan year may make an additional elective deferral contribution of \$5,500 for the year ended December 31, 2010 and 2009.

(d) Employers Contributions

Discretionary employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a 401(k) safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Under the safe harbor election, the Employer chooses between a fully vested contribution of 3% of compensation to all employees eligible to be in the Plan or a fully vested contribution equal to the first 4% of compensation each participant contributes to the Plan. Discretionary employer-provided nonelective (profit sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan.

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(d) Employers Contributions - Continued

The total of employer and employee contributions is limited to the lesser of \$49,000 or 100% of the participant's compensation for the year ended December 31, 2010.

(e) Participant Accounts

Each participant's account is credited with the participant's contribution and, if applicable, employer-provided matching contributions, allocations of employer-provided nonelective (profit sharing) contributions, Plan earnings, and charged with management or service fees. Allocations are based on participant earnings or account balances, as defined by the Plan. Additional administrative fees are charged by the custodian upon fund withdrawal. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(f) Vesting

Participant contributions and safe-harbor employer contributions are 100% vested. Employers' contributions are 20% vested after two years of service, and 20% for each additional year of service. Employers may elect to accelerate the vesting parameters. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the 12 months beginning on the day they start to work for their employer. If they do not, they must complete at least 1,000 hours of service in any Plan year.

(g) Investment Options

Participants may direct contributions in 1% increments to any of the investment options offered by the Plan. The investment options include money market funds and various stock and bond funds. The fund values are computed daily by the custodians and reflect changes in the unit values of the investments. Fund allocation percentages may be changed by participants at any time.

(h) Payment of Benefits

At 59½ and thereafter, active employees can withdraw any portion of their vested balance at any time. Participants, while employed, may make withdrawals against their vested account balance in accordance with the Plan, which generally requires the demonstration of financial hardship. The Plan Administrator shall determine what portion of all of such account balance is necessary to alleviate the hardship. Qualifications to receive a hardship distribution are outlined in the Plan's provisions.

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(h) Payment of Benefits - Continued

Upon termination of employment, retirement, death, or disability, participants or their beneficiaries may elect to receive a lump sum amount equal to the value of the vested interest in their account. Any nonvested balances are forfeited. Terminated participants may also elect to maintain their accounts in the Plan.

(i) Forfeited Accounts

As of December 31, 2010 and 2009, forfeited nonvested accounts were \$59,600 and \$47,545, respectively. These accounts can be used to reduce future Employers' contributions or pay for Plan expenses. During the year ended December 31, 2010, no amounts were used from forfeited non-vested accounts.

(j) Notes Receivable from Participants

Participants can borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, reduced by the excess (if any) of (1) the highest outstanding balance of any other loans from the Plan during the one-year period prior to the date of the new loan, over (2) the aggregate outstanding balance of any other loans from the Plan on the date of the new loan, or 50% of their vested account balance. Loan terms range from one to five years or up to 15 years for the purchase of a principal residence. Participants can only have one loan outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with local prevailing rates at the time the loan is approved by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

(2) Significant Accounting Policies and Other Matters

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) Use of Estimates

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

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(2) Significant Accounting Policies and Other Matters - Continued

(c) Administrative Expenses

Certain administrative expenses are paid by the Plan Administrator. Management fees and account administrative expenses are paid by the participants. Administrative expenses for the year ended December 31, 2010 were \$162,945.

(d) Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

(e) Withdrawals and Exchanges

Withdrawals and exchanges between investment fund options by participants are recorded based upon the specific proceeds and cost of the investment at the date of withdrawal or exchange.

(f) Investment Valuation and Income Recognition

Investments in mutual funds (registered investment companies) are reflected in the financial statements at fair value, using quoted market prices. Unrealized gains or losses as a result of changes in market value are recorded in income of the current period.

Investments in pooled separate accounts are stated at fair value. Such fair values are based on quotations from active markets, such as national security exchanges or brokerage firms, on yields currently available on comparable securities and the Plan's participation units in the account.

The pooled separate accounts are credited with earnings in the underlying investments, net of investment management expenses. Changes in the fair value of investments in pooled separate accounts and gains or losses on disposal of these investments are reported in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of investments.

The Plan has a group annuity contract with Lincoln National Life Insurance Company (Lincoln). This guaranteed investment account is considered fully benefit-responsive and is presented at fair value, which approximates contract value at December 31, 2010 and 2009. Contributions are maintained in a variable return contract pooled account consisting of numerous mutual fund options with a range of investment objectives.

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(2) Significant Accounting Policies and Other Matters – Continued

(g) Contracts with Insurance Company

As described in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 962, *Plan Accounting – Defined Contribution Pension Plans* (ASC Topic 962), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

As required by ASC Topic 962, the statement of net assets available for benefits presents the fair value of the guaranteed investment account. No adjustment of the fully benefit-responsive investment contract from fair value to contract value is needed in the Plan's financial statements, as the contract value approximates fair value at December 31, 2010 and 2009.

The guaranteed investment account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses. Contract value represents contributions made, plus interest at a specified rate determined by Lincoln. The crediting rates are set up quarterly. The average yield earned by the Plan for the periods ended December 31, 2010 and 2009 is 3.71% and 3.96%, respectively. The crediting interest rate earned by the Plan was 4% for the periods ended December 31, 2010 and 2009.

(h) New Pronouncements

In January 2010, the FASB issued Accounting Standards Update (ASU) 2010-06 *Improving Disclosures about Fair Value Measurements*, which is an update to ASC Topic 820, *Fair Value Measurements and Disclosures*. This update establishes further disclosure requirements regarding transfers in and out of Levels 1 and 2, and activity in Level 3 fair value measurements. In addition, plans will be required to disclose quantitative information about the inputs used in determining fair values. ASU 2010-06 is effective for interim and annual reporting periods beginning after December 15, 2009, except for the new Level 3 disclosures, which will become effective for interim and annual reporting periods beginning after December 15, 2010. The Plan adopted ASU 2010-06 on January 1, 2010 and the adoption had no impact on the Plan's net assets available for benefits or changes in net assets available for benefits as it only amends required disclosures.

In September 2010, the FASB issued ASU 2010-25, *Reporting on Loans to Participants by Defined Contribution Pension Plans*. ASU 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. The Plan adopted this standard during 2010. Participant loans have been reclassified to notes receivable from participants as of December 31, 2010 and 2009. Interest income related to the notes receivable from participants has been reclassified to interest on notes receivable from participants.

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(3) Investments

Investments which individually comprise greater than 5% of net assets available for benefits are as follows at December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Registered investment companies:		
Vanguard REIT Index	\$ 1,708,168	498,727
Vanguard Money Market Prime	1,956,814	1,220,378
Vanguard Short-Term Federal	3,556,428	1,200,733
Vanguard Total Stock Market Index	3,460,968	946,290
Pooled separate accounts:		
Short Term SA14	*	592,559

* Item did not represent 5% or more of net assets available for benefits.

During 2010, the Plan's investments, including investments bought, sold and held during the year, appreciated in value as follows:

Fair value determined by quoted market prices:	
Pooled separate accounts	\$ 108,856
Registered investment companies	1,970,340
Guaranteed investment account	<u>2,274</u>
Net appreciation in fair value of investments	<u>\$ 2,081,470</u>

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(4) Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

- a) Quoted prices for similar assets or liabilities in active markets
- b) Quoted prices for identical or similar assets or liabilities in inactive markets
- c) Inputs other than quoted prices that are observable for the asset or liability
- d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Pooled Separate Accounts

Pooled separate accounts are valued based on the market value of its underlying investments, and classified as Level 2 inputs.

Registered Investment Companies (Mutual Funds)

Mutual funds are valued at quoted market prices in an exchange and active markets, which represent the net asset value of shares held by the Plan at year end and are classified as Level 1 investments.

Guaranteed Investment Account

Guaranteed investment accounts are valued at contract value as derived from contract provisions by a third party. This investment is classified as Level 3 inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values.

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(4) Fair Value Measurements – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Description	Fair Value Measurements at December 31, 2010 Using:			
	Assets Measured at Fair Value at 12/31/10	Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:				
Fixed Income	\$ 456,952	-	456,952	-
International	256,177	-	256,177	-
Large-Cap Equity	270,593	-	270,593	-
Lincoln VIP Asset Allocation Funds	1,145	-	1,145	-
Mid-Cap Equity	69,004	-	69,004	-
Small Cap Equity	53,296	-	53,296	-
Other	48,305	-	48,305	-
Total pooled separate accounts	1,155,472	-	1,155,472	-
Registered investment companies:				
Allocation	721,920	721,920	-	-
Commodities	1,311,319	1,311,319	-	-
Intermediate Fixed Income	1,728,178	1,728,178	-	-
International	4,366,563	4,366,563	-	-
Large-Cap Equity	5,543,913	5,543,913	-	-
Mid-Cap Equity	1,688,039	1,688,039	-	-
Money Market	1,956,814	1,956,814	-	-
US Real Estate	1,708,168	1,708,168	-	-
Short-Term Fixed Income	3,556,428	3,556,428	-	-
Small-Cap Equity	1,068,005	1,068,005	-	-
Other	1,121,483	1,121,483	-	-
Total registered investment companies	24,770,830	24,770,830	-	-
Guaranteed investment account	79,578	-	-	79,578
	<u>\$ 26,005,880</u>	<u>24,770,830</u>	<u>1,155,472</u>	<u>79,578</u>

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(4) Fair Value Measurements – Continued

Fair Value Measurements at December 31, 2009 Using:				
Description	Assets Measured at Fair Value at 12/31/09	Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:				
Fixed Income	\$ 818,427	-	818,427	-
International	280,158	-	280,158	-
Large-Cap Equity	367,360	-	367,360	-
Lincoln VIP Asset Allocation Funds	730	-	730	-
Mid-Cap Equity	39,360	-	39,360	-
Small-Cap Equity	93,083	-	93,083	-
Other	78,804	-	78,804	-
Total pooled separate accounts	1,677,922	-	1,677,922	-
Registered investment companies:				
Allocation	337,193	337,193	-	-
Commodities	415,777	415,777	-	-
Intermediate Fixed Income	397,342	397,342	-	-
International	1,281,831	1,281,831	-	-
Large-Cap Equity	1,549,914	1,549,914	-	-
Mid-Cap Equity	460,580	460,580	-	-
Money Market	1,220,378	1,220,378	-	-
US Real Estate	498,727	498,727	-	-
Short-Term Fixed Income	1,200,733	1,200,733	-	-
Small-Cap Equity	254,157	254,157	-	-
Other	223,847	223,847	-	-
Total registered investment companies	7,840,479	7,840,479	-	-
Guaranteed investment account	73,509	-	-	73,509
	<u>\$ 9,591,910</u>	<u>7,840,479</u>	<u>1,677,922</u>	<u>73,509</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010.

	Guaranteed Investment Account
Beginning balance as of January 1, 2010	\$ 73,509
Total gains or losses	2,274
Purchases, issuances, settlements	3,795
Beginning balance as of December 31, 2010	<u>\$ 79,578</u>

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(5) Tax Status

The Plan obtained its latest favorable determination letter dated April 17, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (Code). The Plan has been amended since applying for and receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(6) Plan Termination

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

(7) Related Party Transactions

Slavic Mutual Funds Management Corporation (SMF) is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly management fee.

Slavic Integrated Administration (SIA), the Plan's Third Party Administrator and one of the investment custodians, receives annual administrative and asset fees from participants.

Slavic Investment Corporation (SIC), an SEC registered securities broker/dealer, collects from mutual fund companies, any 12b-1 commissions and SubTa and SSF recording fees paid by the funds held in Plan accounts, and credits them on a quarterly basis directly to participant accounts holding those funds. Only participants actually holding the funds at the crediting date receive a proration of this fund revenue; those trading out of the funds before that date are not credited any prorated 12b-1 and SubTa and SSF payments.

The shareholders of SMF, SIC and SIA are the same.

(8) Party-in-Interest Transactions

Participant loan transactions are considered to be party-in-interest transactions, because they are transacted with Plan participants.

(9) Risks and Uncertainties

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Notes to Financial Statements - Continued

(10) Information Certified by Lincoln National Life Insurance Company (Unaudited)

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, Lincoln National Life Insurance Company, one of the investment custodians, has certified that the following information included in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments at fair value, excluding registered investment companies and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009.
- Investment income and related investment activity, except for activity related to the registered investment companies, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010.
- The Schedule of Assets (Held at End of Year) at December 31, 2010, except for registered investment companies, included in the supplemental schedules.

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

(11) Excess Contributions Payable

Contributions received from participants for 2010 and 2009 are net of payments of \$127,348 and \$8,770, respectively. These payments were made in 2011 and 2010, respectively, to certain participants to return to them excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are also included in the Plan's Statements of Net Assets Available for Benefits as excess contributions payable as of December 31, 2010 and 2009.

(12) Asset Transfers and Mergers

Qualified plans sponsored by certain Employers may be merged into the Plan in conjunction with such Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Employers who terminate their leasing arrangements with the Plan Administrator during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Total assets transferred into the Plan from Employers for 2010 and 2009 totaled \$14,214,285 and \$916,626, respectively. Assets transferred out of the Plan from Employers for 2010 and 2009 totaled \$4,251,744 and \$2,098,035, respectively.

**TRINET MEP 401(K) RETIREMENT PLAN
(FORMERLY LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)**

Notes to Financial Statements - Continued

(13) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets available for benefits per Schedule H of Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 27,063,209	9,708,784
Plus excess contributions payable not reported on Form 5500	<u>127,348</u>	<u>8,770</u>
Net assets available for benefits per Schedule H of Form 5500, Line 1(l)	<u>\$ 27,190,557</u>	<u>9,717,554</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2010 to the net income of Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 17,354,425
Excess contributions payable at December 31, 2009	(8,770)
Excess contributions payable at December 31, 2010	127,348
Net transfers into the Plan per Form 5500, Line 2(1)	<u>(9,962,541)</u>
Net income per Schedule H of Form 5500, Line 2(k)	<u>\$ 7,510,462</u>

(14) Subsequent Events

Effective February 15, 2011, the Plan is frozen for new business. There will be no additional clients added to the Plan.

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 6, 2011, the date which financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

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

Employer Identification Number: 48-1304650

Plan Number: 333

December 31, 2010

(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 (if applicable)	(e) Current value
	American Century Mid Cap Value	Registered Investment Company	\$ 294,947
	Fidelity Advisor Int'l Discovery A	Registered Investment Company	7,209
	Fidelity Advisor Mid Cap	Registered Investment Company	18,221
	MFS Utilities - A	Registered Investment Company	283,023
	Vanguard Small Cap Index	Registered Investment Company	286,522
	Neuberger Berman Partners Adv	Registered Investment Company	260,131
	Highmark NYSE Arca Tech 100 Index A	Registered Investment Company	322,759
	T. Rowe Price New Asia	Registered Investment Company	760,865
	T. Rowe Price New Era	Registered Investment Company	1,311,319
	American Funds EuroPacific R5	Registered Investment Company	1,258,955
	American Funds EuroPacific R6	Registered Investment Company	1,109,771
	American Growth Fund of America Cl R4	Registered Investment Company	789,420
	American Funds New Perspective	Registered Investment Company	328,428
	T. Rowe Price Mid Cap Growth	Registered Investment Company	786,795
	American Capital World Growth & Inc R4	Registered Investment Company	393,492
	BlackRock Health Sciences Svc	Registered Investment Company	515,701
	SSgA S&P Index 500	Registered Investment Company	484,797
	Vanguard Intermediate - Term Bond Index	Registered Investment Company	616,674
	Vanguard Total Bond Index	Registered Investment Company	615,305
	Vanguard Equity Income	Registered Investment Company	548,597
	Vanguard European Index	Registered Investment Company	243,881
	Vanguard REIT Index	Registered Investment Company	1,708,168
	Vanguard Total Intl Stock Index Fund	Registered Investment Company	985,882
	Vanguard Mid Cap Index	Registered Investment Company	588,076
	Vanguard Inflation Protected Secs	Registered Investment Company	496,199
	Vanguard Small Cap Growth Index	Registered Investment Company	781,483
	Vanguard Money Market Prime	Registered Investment Company	1,956,814
	Vanguard Short Term Federal	Registered Investment Company	3,556,428
	Vanguard Total Stock Market Index	Registered Investment Company	3,460,968
	AB Global Technology SA31	Pooled Separate Account	2,381
	AB Small-Mid Cap Value SA39	Pooled Separate Account	1,828
	AC VP Inflation Protect SA92	Pooled Separate Account	24,755
	AFIS Global Growth SA34	Pooled Separate Account	15,444
	Aggressive Balanced SA32	Pooled Separate Account	25,519
	Alliance VPS Growth & Inc SA19	Pooled Separate Account	10,672
	American Global Small Cap SA46	Pooled Separate Account	8,199
	American Growth-Income SA49	Pooled Separate Account	10,252
	American International SA54	Pooled Separate Account	7,315

(Continued)

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued

(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 (if applicable)	(e) Current value
	Balanced SA21	Pooled Separate Account	\$ 20,194
	BlackRock Global Res SA77	Pooled Separate Account	200,648
	BlackRock Large Cap Value SA80	Pooled Separate Account	9,261
	BlackRock Mid Cap Value SA83	Pooled Separate Account	15,220
	BlackRock Sm-Mid Cap Grth SA76	Pooled Separate Account	57
	Cohen & Steers Gbl REIT SA55	Pooled Separate Account	4,995
	Conservative Balanced SA30	Pooled Separate Account	69
	Core Equity	Pooled Separate Account	559
	Core Equity SA11	Pooled Separate Account	20,315
	Del VIP Diversified Income SA93	Pooled Separate Account	9,508
	Delaware VIP Cap Reserves SA87	Pooled Separate Account	11,461
	Delaware VIP Sm Cap Value SA56	Pooled Separate Account	6,930
	Delaware VIP Value SA61	Pooled Separate Account	1,944
	Fidelity VIP ContraFund SA35	Pooled Separate Account	28,617
	Fidelity VIP Equity Income SA57	Pooled Separate Account	10,986
	Fidelity VIP Growth SA58	Pooled Separate Account	1,103
	Fidelity VIP Overseas SA59	Pooled Separate Account	7,843
	Frank Sm-Mid Cap Growth SA63	Pooled Separate Account	69
	Government/Corporate Bond	Pooled Separate Account	2,348
	Government/Corporate Bond SA12	Pooled Separate Account	59,972
*	Guaranteed Account	Guaranteed Account	79,578
	High Yield Bond	Pooled Separate Account	467
	High Yield Bond SA20	Pooled Separate Account	88,834
	International Equity SA22	Pooled Separate Account	6,564
	Janus Aspen Lg Cap Growth SA70	Pooled Separate Account	631
	Janus Aspen Mid Cap Growth SA64	Pooled Separate Account	8,611
	Large Cap Equity SA23	Pooled Separate Account	79,830
	LVIP Del Social Awareness SA33	Pooled Separate Account	1,830
	LVIP Delaware Special Opp SAL7	Pooled Separate Account	20,252
	LVIP Mid Cap Value SA38	Pooled Separate Account	10,406
	LVIP SSgA Bond Index SAL6	Pooled Separate Account	7,078
	LVIP SSgA S&P 500 Index SA27	Pooled Separate Account	81,673
	LVIP SSgA Small Cap Index SA36	Pooled Separate Account	4,325
	LVIP T. Rowe Growth Stock SA29	Pooled Separate Account	1,913
	LVIP Templeton Growth SA62	Pooled Separate Account	2,788
	LVIP Wlsh 2010 SAL1	Pooled Separate Account	1,145
	Medium Cap Equity SA17	Pooled Separate Account	14,515
	MFS VIT Emerging Growth SA65	Pooled Separate Account	7,030
	MFS VIT Utilities Series SA67	Pooled Separate Account	2,894

(Continued)

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued

(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 (if applicable)	(e) Current value
	Short Term SA14	Pooled Separate Account	235,239
	Small Cap Equity SA24	Pooled Separate Account	40,087
	Social Awareness	Pooled Separate Account	2,523
	SSgA Russ LC VI Ix Non-Ln SAL8	Pooled Separate Account	694
	Temp Global Inc Sec SA86	Pooled Separate Account	17,290
	Value Equity	Pooled Separate Account	389
			26,005,880
*	Participant loans	4.25% to 9.25%	
			340,562
			\$ 26,346,442
*	Party-in-interest		

TRINET MEP 401(K) RETIREMENT PLAN
(formerly LMC RESOURCES, INC. 401(K) PROFIT SHARING PLAN)

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

Employer Identification Number: 48-1304650

Plan Number: 333

December 31, 2010

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51	
Check Here if Late Participant Loan Repayments are included: ☐		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
\$	346	\$ -	\$ 346	\$ -	\$	-
	371	-	371	-		-
	2,540	-	2,540	-		-
	1,114	-	1,114	-		-
	225	-	225	-		-
	220	-	220	-		-
	216	-	216	-		-
	62	-	62	-		-
	747	-	747	-		-
	158	-	158	-		-
\$	5,999	\$ -	\$ 5,999	\$ -	\$	-

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

TRINET MEP 401(K) RETIREMENT PLAN

PLAN # 333

EIN #: 48-1304650

(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		294,947
	American Funds	RERFX - American Funds EuroPacific R5		1,258,955
	American Funds	RERGX - American Funds EuroPacific R6		1,109,771
	American Funds	RGAEX - American Growth Fund Of America Cl R4		789,420
	American Funds	RNPEX - American Funds New Perspective		328,428
	American Funds	RWIEX - American Capital World Growth & Inc R4		393,492
	BlackRock Funds	SHISX - BlackRock Health Sciences Svc		515,701
	Bridgeway Funds	BRSIX - Bridgeway Ultra-Small Company Mkt		-
	Fidelity Funds	FAIDX - Fidelity Advisor Int'l Discovery A		7,209
	Fidelity Funds	FDVAX - Fidelity Advisor Diversified Int'l A		-
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		18,221
	John Hancock Funds	PZFBX - Hancock Classic Value A		-
	MFS Funds	MMUFX - MFS Utilities A		283,023
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Partners Adv		260,131
	North Track Funds	PPTIX - Highmark NYSE Arca Tech 100 Index A		322,759
	Ssga Funds	SVSPX - SSgA S&P Index 500		484,797
	T Rowe Price Funds	PRASX - T Rowe Price New Asia		760,865
	T Rowe Price Funds	PRNEX - T Rowe Price New Era		1,311,319
	T Rowe Price Funds	RPMGX - T Rowe Price Mid Cap Growth		786,795
	TCW Galileo Funds	TGVOX - TCW Galileo Value Opportunities I		-
	Third Avenue Funds	TAVFX - Third Avenue Value		-
	Vanguard Funds	NAESX - Vanguard Small Cap Index		286,522
	Vanguard Funds	VBII - Vanguard Intermediate-Term Bond Index		616,674
	Vanguard Funds	VBMFX - Vanguard Total Bond Index		615,305
	Vanguard Funds	VEIPX - Vanguard Equity Income		548,597
	Vanguard Funds	VEURX - Vanguard European Index		243,881
	Vanguard Funds	VGSIX - Vanguard REIT Index		1,708,168
	Vanguard Funds	VGTSX - Vanguard Total Intl Stock Index Fund		985,882
	Vanguard Funds	VIMSX - Vanguard Mid Cap Index		588,076
	Vanguard Funds	VIPSX - Vanguard Inflation Protected Secs		496,199
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		781,483
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		1,956,814

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

TRINET MEP 401(K) RETIREMENT PLAN

PLAN # 333

EIN #: 48-1304650

(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
	Vanguard Funds	VSGBX - Vanguard Short-Term Fed		3,556,428
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		3,460,968
*	Lincoln Funds	AB Global Technology SA31		2,381
*	Lincoln Funds	AB Small Mid Cap Value SA39		1,828
*	Lincoln Funds	AC VP Inflation Protect SA92		24,755
*	Lincoln Funds	AFIS Global Growth SA34		15,444
*	Lincoln Funds	Aggressive Balanced SA32		25,519
*	Lincoln Funds	Alliance VPS Growth&Inc SA19		10,672
*	Lincoln Funds	American Global Small Cap SA46		8,199
*	Lincoln Funds	American Growth-Income SA49		10,252
*	Lincoln Funds	American International SA54		7,315
*	Lincoln Funds	Balanced SA21		20,194
*	Lincoln Funds	BlackRock Global Res SA77		200,648
*	Lincoln Funds	BlackRock Large Cap Value SA80		9,261
*	Lincoln Funds	BlackRock Mid-Cap Value SA83		15,220
*	Lincoln Funds	BlackRock Sm Mid-Cap Grth SA76		57
*	Lincoln Funds	Cohen & Steers Gbl REIT SA55		4,995
*	Lincoln Funds	Conservative Balanced SA30		69
*	Lincoln Funds	Core Equity		559
*	Lincoln Funds	Core Equity SA11		20,315
*	Lincoln Funds	Del VIP DiversifiedIncome SA93		9,508
*	Lincoln Funds	Delaware VIP Cap Reserves SA87		11,461
*	Lincoln Funds	Delaware VIP SmCap Value SA56		6,930
*	Lincoln Funds	Delaware VIP Value SA61		1,944
*	Lincoln Funds	Fidelity VIP ContraFund SA35		28,617
*	Lincoln Funds	Fidelity VIP EquityIncome SA57		10,986
*	Lincoln Funds	Fidelity VIP Growth SA58		1,103
*	Lincoln Funds	Fidelity VIP Overseas SA59		7,843
*	Lincoln Funds	Frank Sm-Md Cap Growth SA63		69
*	Lincoln Funds	Government/Corporate Bond		2,348
*	Lincoln Funds	Gov't/Corporate Bond SA12		59,972
*	Lincoln Funds	High Yield Bond		467

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

TRINET MEP 401(K) RETIREMENT PLAN

PLAN # 333

EIN #: 48-1304650

(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
*	Lincoln Funds	High Yield Bond SA20		88,834
*	Lincoln Funds	International Equity SA22		6,564
*	Lincoln Funds	Janus Aspen Lg Cap Growth SA70		631
*	Lincoln Funds	Janus Aspen MidCap Growth SA64		8,611
*	Lincoln Funds	Large Cap Equity SA23		79,830
*	Lincoln Funds	LVIP Del Social Awareness SA33		1,830
*	Lincoln Funds	LVIP Delaware Special Opp SAL7		20,252
*	Lincoln Funds	LVIP Mid-Cap Value SA38		10,406
*	Lincoln Funds	LVIP SSgA Bond Index SAL6		7,078
*	Lincoln Funds	LVIP SSgA S&P 500 Index SA27		81,673
*	Lincoln Funds	LVIP SSgA Small-Cap Index SA36		4,325
*	Lincoln Funds	LVIP T.Rowe Growth Stock SA29		1,913
*	Lincoln Funds	LVIP Templeton Growth SA62		2,788
*	Lincoln Funds	LVIP Wlsh 2010 SAL1		1,145
*	Lincoln Funds	Medium Cap Equity SA17		14,515
*	Lincoln Funds	MFS VIT Emerging Growth SA65		7,030
*	Lincoln Funds	MFS VIT Utilities Series SA67		2,894
*	Lincoln Funds	Short Term SA14		235,239
*	Lincoln Funds	Small Cap Equity SA24		40,087
*	Lincoln Funds	Social Awareness		2,523
*	Lincoln Funds	SSgA Russ LC VI Ix Non-Ln SAL8		694
*	Lincoln Funds	Temp Global Inc Sec SA86		17,290
*	Lincoln Funds	Value Equity		389
*	Lincoln Funds	Guarantee Account		79,578
	Participant Loans	4.25% to 9.25%		340,562

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

➤ Complete all entries in accordance with
the instructions to the Form 5500.OMB Nos. 1210-0110
1210-0089**2010****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**

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

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

Part II Basic Plan Information—enter all requested information**1a** Name of plan TRINET MEP 401 (K) RETIREMENT PLAN**1b** Three-digit plan
number (PN) 1 333**1c** Effective date of plan
01/01/1997**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
TRINET HR CORPORATION**2b** Employer Identification
Number (EIN)
48-1304650**2c** Sponsor's telephone
number
(510) 352-5000**2d** Business code (see
instructions)
541214

1100 SAN LEANDRO BLVD.

SAN LEANDRO

CA 94577

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

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

SIGN HERE		20/10/12	Greg Hammond
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 3c Administrator's telephone number
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	1,083
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	1,725
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	326
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	2,051
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e.....	6f	2,051
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1,198
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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