

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>STAFFSCAPES, INC. 401K PROFIT SHARING PLAN</u>                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2001</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>01/01/2001</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                     | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2001</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>STAFFSCAPES, INC.</u><br><br><u>1070 W. 124TH AVE., UNIT 900</u><br><u>WESTMINSTER, CO 80234</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>84-1346032</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>303-466-7864</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>561300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>84-1346032</u> | <b>2c</b> Sponsor's telephone number<br><u>303-466-7864</u> | <b>2d</b> Business code (see instructions)<br><u>561300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>84-1346032</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>303-466-7864</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>561300</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/01/2012 | JAMES M THIBODEAU                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|                                                                                                                                                                           |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>STAFFSCAPES, INC.<br><br>1070 W. 124TH AVE., UNIT 900<br>WESTMINSTER, CO 80234 | <b>3b</b> Administrator's EIN<br>84-1346032<br><br><b>3c</b> Administrator's telephone number<br>303-466-7864 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 121 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 106 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 14  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 120 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 120 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 50  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 1   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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 2H 2J 2K 3D

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2011</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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|                                                                                                                                                              |                                                                                              |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------|
| For calendar plan year 2011 or fiscal plan year beginning <span style="color:blue;">01/01/2011</span> and ending <span style="color:blue;">12/31/2011</span> |                                                                                              |                                      |
| <b>A</b> Name of plan<br><span style="color:blue;">STAFFSCAPES, INC. 401K PROFIT SHARING PLAN</span>                                                         | <b>B</b> Three-digit plan number (PN) <span style="color:blue;">►</span>                     | <span style="color:blue;">001</span> |
|                                                                                                                                                              |                                                                                              |                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color:blue;">STAFFSCAPES, INC.</span>                                          | <b>D</b> Employer Identification Number (EIN)<br><span style="color:blue;">84-1346032</span> |                                      |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier

TRANSAMERICA LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 39-0989781 | 86231         | 930030                                |                                                                             | 01/01/2011              | 12/31/2011 |

**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.

|                                                                                      |                                                                            |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br><span style="color:blue;">2911</span> | <b>(b)</b> Total amount of fees paid<br><span style="color:blue;">0</span> |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

**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

SUNSET FINANCIAL SERVICES
PRODUCER TIMOTHY ENGELHART  
3250 BROADWAY  
KANSAS CITY, MO 64111

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 2911                                          |                                 |             | 3                     |

**(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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |        |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 894367 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

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

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

|                                                        |           |        |
|--------------------------------------------------------|-----------|--------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 357223 |
|--------------------------------------------------------|-----------|--------|

|                                                                       |              |       |  |
|-----------------------------------------------------------------------|--------------|-------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 75238 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0     |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 8399  |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 7659  |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 6403  |  |

▶ LOAN REPAYMENT 6,403

|                           |              |       |
|---------------------------|--------------|-------|
| (6) Total additions ..... | <b>7c(6)</b> | 97699 |
|---------------------------|--------------|-------|

|                                                                               |           |        |
|-------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) ..... | <b>7d</b> | 454922 |
|-------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|                                                                                 |              |       |  |
|---------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 40399 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 6797  |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 64219 |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 13898 |  |

▶ SURRENDER 13,898

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 125313 |
|----------------------------|--------------|--------|

|                                                                                             |           |        |
|---------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b> | 329609 |
|---------------------------------------------------------------------------------------------|-----------|--------|

**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 organizations(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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2011</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                           |                                                                    |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>STAFFSCAPES, INC. 401K PROFIT SHARING PLAN</u>                | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>STAFFSCAPES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>84-1346032</u> |

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

39-0989781

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

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

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 52 62 64 67      | RECORDKEEPER                                                                                      | 21486                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

STAFFSCAPES, INC.

84-1346032

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 35                     | EMPLOYEE (PLAN SPONSOR)                                                                           | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 235                                                                                                                                                                             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

**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)

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

  

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

  

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

| (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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                                  |                                                                            |            |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>STAFFSCAPES, INC. 401K PROFIT SHARING PLAN</u>                       | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>STAFFSCAPES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>84-1346032</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                              |                               |                                                                                                                                                      |  |  |
|----------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WMC QUALITY GROWTH EQUITY RET OPT</u>      |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>39-0989781-101</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>16222</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&amp;P 500 INDEX RET OPT</u>         |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>39-0989781-102</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>37064</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID-CAP OPPORTUNITIES</u>    |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>39-0989781-147</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>17215</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES BOND RET OPT</u>             |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>39-0989781-150</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2220</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEUBERGER BERMAN GENESIS INV OPT</u>       |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>39-0989781-180</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>123802</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP II CONTRAFUND INV OPT</u>     |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>39-0989781-192</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>131755</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA PARTNERS MID GROWTH RE</u>    |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>39-0989781-425</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>26412</u></span>  |  |  |

|                                                                                              |                               |                                                                                                                  |
|----------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DIVERSIFIED INVESTORS SHORT HORIZON</b>    |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-429</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>20218</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DIVERSIFIED INVESTORS SHORT/INTERME</b>    |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-430</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>298</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DIVERSIFIED INVESTORS INTERMEDIATE/</b>    |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-432</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DIVERSIFIED INVESTORS LONG HORIZON</b>     |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-433</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4278</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TRANSAMERICA PARTNERS HIGH YIELD BO</b>    |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-434</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>78824</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CALVERT EQUITY PORTFOLIO INV OPT</b>       |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-439</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2084</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIDELITY ADVISOR SMALL CAP INV OPT</b>     |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-445</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>34699</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO VAN KAMPEN VALUE OPPORTUNIT</b>    |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-448</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>26107</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JANUS SMALL CAP VALUE RET OPT</b>          |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-002</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11289</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS AMCAP INV OPT</b>           |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>39-0989781-014</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>27263</b> |

|                                                                                              |                               |                                                                                                                   |
|----------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MUTUAL SHARES INV OPT</b>                  |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-017</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>40336</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS NEW PERSPECTIVE INV</b>     |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-023</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>125529</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TRANSAMERICA PARTNERS HIGH QUALITY</b>     |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-027</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3036</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TRANSAMERICA PARTNERS SMALL CORE RE</b>    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-034</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6550</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN CENTURY SMALL CAP VALUE IN</b>    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-401</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9353</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FRANKLIN UTILITIES INV OPT</b>             |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-045</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>22097</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD TARGET RETIREMENT 2005 RET</b>    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-047</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>175</b>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD TARGET RETIREMENT 2015 RET</b>    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-048</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>19646</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD TARGET RETIREMENT 2025 RET</b>    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-049</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>40647</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD TARGET RETIREMENT 2035 RET</b>    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>TRANSAMERICA LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>39-0989781-050</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>30333</b>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                          |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 39-0989781-051 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2510 |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 39-0989781-110 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20520 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 39-0989781-111 | <b>d</b> Entity code P | <b>e</b> 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: VANGUARD TARGET RETIREMENT 2040 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 39-0989781-112 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13235 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

|                                |                        |                                                                                                         |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 39-0989781-113 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 651 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="font-size: 24pt; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                        |            |
| <b>A</b> Name of plan<br><u>STAFFSCAPES, INC. 401K PROFIT SHARING PLAN</u>                               | <b>B</b> Three-digit plan number (PN) ►                                | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>STAFFSCAPES, INC.</u>                | <b>D</b> Employer Identification Number (EIN)<br><br><u>84-1346032</u> |            |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b> |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                      |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                        | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                            |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                              |                        |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                         | 4149                         | 2303                   |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                         | 12378                        | 8840                   |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                         |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                         |                              |                        |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>                         |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                      |                              |                        |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>                      |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                      |                              |                        |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>                      |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                         |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                         |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                         |                              |                        |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                         | 17833                        | 8997                   |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                         |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                        | 764618                       | 894367                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                        |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                        |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                        |                              |                        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                        | 357223                       | 329609                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                        |                              |                        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1156201               | 1244116         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1156201 | 1244116 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 65310      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 164164     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 229474    |

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

|                                                                                                      |                 |     |     |
|------------------------------------------------------------------------------------------------------|-----------------|-----|-----|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |     |     |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |     |     |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |     |     |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |     |     |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 612 |     |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |     |     |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |     | 612 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

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

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

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 2084      |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 232170    |

**Expenses**

|                                                                                            |              |       |       |
|--------------------------------------------------------------------------------------------|--------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 74357 |       |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |       |       |
| (3) Other .....                                                                            | <b>2e(3)</b> |       |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |       | 74357 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |       |       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |       |       |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |       |       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |       |       |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 21486 |       |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |       |       |
| (4) Other .....                                                                            | <b>2i(4)</b> |       |       |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |       | 21486 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |       | 95843 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 136327 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 48412  |

**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: NAYAR & COMPANY PC

(2) EIN: 84-0929194

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     | X  |         |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

**5b(1)** Name of plan(s)

ENERGY LOGIC

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| 20-3950318   | 001         |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                           |                                                                    |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>STAFFSCAPES, INC. 401K PROFIT SHARING PLAN</u>                | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>STAFFSCAPES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>84-1346032</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>42-6362604</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION  
WITH INDEPENDENT AUDITOR'S REPORT**

**YEARS ENDED DECEMBER 31, 2011 AND 2010**

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION  
WITH INDEPENDENT AUDITOR'S REPORT**

**YEARS ENDED DECEMBER 31, 2011 AND 2010**

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**

**DECEMBER 31, 2011 AND 2010**

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# NAYAR AND COMPANY, P.C.

## CERTIFIED PUBLIC ACCOUNTANTS

3801 E. FLORIDA AVENUE  
SUITE 604, CYPRESS POINT  
DENVER, COLORADO 80210

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### INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of  
the Staffscapes, Inc. 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of Staffscapes, Inc. 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedule as of and for the year ended December 31, 2011 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Transamerica Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

*Nayar & Company P.C.*

NAYAR AND COMPANY, P.C.  
Certified Public Accountants  
Denver, Colorado  
July 20, 2012

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2011 AND 2010**

|                                   | <u>2011</u>                | <u>2010</u>                |
|-----------------------------------|----------------------------|----------------------------|
| <b><u>ASSETS</u></b>              |                            |                            |
| Investments                       | \$ 1,223,976               | \$ 1,121,841               |
| Receivables:                      |                            |                            |
| Employer contributions            | 2,303                      | 4,149                      |
| Participant contributions         | 8,840                      | 12,378                     |
| Participant loans                 | 8,997                      | 17,833                     |
| Total assets                      | <u>1,244,116</u>           | <u>1,156,201</u>           |
| <b><u>LIABILITIES</u></b>         |                            |                            |
| Accrued expenses                  | <u>\$ -</u>                | <u>\$ -</u>                |
| Total liabilities                 | <u>-</u>                   | <u>-</u>                   |
| Net assets available for benefits | <u><u>\$ 1,244,116</u></u> | <u><u>\$ 1,156,201</u></u> |

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

# STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

### YEARS ENDED DECEMBER 31, 2011 AND 2010

| <b><u>ADDITIONS</u></b>                                | <b><u>2011</u></b>  | <b><u>2010</u></b>  |
|--------------------------------------------------------|---------------------|---------------------|
| Additions to net assets attributed to:                 |                     |                     |
| Investment income:                                     |                     |                     |
| Net appreciation (depreciation)                        |                     |                     |
| in fair value of investments                           | \$ 2,084            | \$ 101,287          |
| Interest                                               | 612                 | 850                 |
|                                                        | <u>2,696</u>        | <u>102,137</u>      |
| Contributions:                                         |                     |                     |
| Participant                                            | 164,164             | 131,363             |
| Employer                                               | 65,310              | 44,703              |
|                                                        | <u>229,474</u>      | <u>176,066</u>      |
| Total additions                                        | <u>232,170</u>      | <u>292,753</u>      |
| <b><u>DEDUCTIONS</u></b>                               |                     |                     |
| Deductions from net assets attributed to:              |                     |                     |
| Benefits paid to participants                          | 74,357              | 243,493             |
| Participant loans receivable terminated                |                     |                     |
| due to withdrawal of participant                       | -                   | 14,549              |
| Transfer of assets to other qualified plan             | 48,412              | -                   |
| Administration expenses                                | 21,486              | 26,305              |
| Total deductions                                       | <u>144,255</u>      | <u>284,347</u>      |
| Net increase                                           | 87,915              | 8,406               |
| Net assets available for benefits at beginning of year | <u>1,156,201</u>    | <u>1,147,795</u>    |
| Net assets available for benefits at end of year       | <u>\$ 1,244,116</u> | <u>\$ 1,156,201</u> |

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

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 1: Description of Plan**

The following description of the Staffscapes, Inc. 401(k) Profit Sharing Plan (the Plan), provides only general information. Participants should refer to the Summary Plan Description or the Plan agreement for a more complete description of the Plans' provisions. The Summary Plan Description has been made available to all participants in the Plan, and a copy of the Plan agreement is available from the Plan administrator.

General

The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective May 1, 2007, the Plan was restated in its entirety to a Volume Submitter Multiple Employer Tax Favored Saving and Discretionary Contribution and Trust Agreement ("Volume Submitter Plan") provided by Transamerica Financial Life Insurance Company. The amendment did not reduce the benefits or lessen the rights of employees with respect to benefits accrued prior to the date of the restatement. On March 31, 2008, the IRS approved the amended Volume Submitter Plan for changes required by the Economic Growth and Tax Relief Reconciliation Act of 2001 and various final Treasury regulations and IRS guidance published within the last several years. On January 1, 2011, the Plan was amended to comply with the Small Business Jobs Act of 2010. At the end of 2011 and 2010, fifteen and fourteen employers were participating in the Plan, respectively.

Administration

The Plan is administered by Staffscapes, Inc. (the Company). Plan trustees are Company employees who have been appointed by the Board of Directors of the Company. Certain administrative expenses incurred by the Plan have been paid for by the Company.

Contributions

Participant eligibility in the Plan varies from 18 to 21 years of age, with various service requirements. During any taxable year, participant contributions are subject to a limitation imposed by the Internal Revenue Service. Certain employers offer company contributions, some offer discretionary contributions, while some employers offer neither company nor discretionary contributions. Participants can direct the investment of their contributions into thirty-two pooled separate accounts and one money market account, as investment options offered by the Plan.

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 1: Description of Plan (cont.)**

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching discretionary contributions portion of their accounts, if applicable, plus actual earnings thereon varies by employer from the first day of eligibility to six years. Participants are eligible for benefits under the Plan upon normal retirement at age 65 or upon death or termination of service due to disability.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution, if applicable, and Plan earnings. Each account is also charged with an allocation of administrative expenses, while the remaining expenses of administering the Plan are absorbed by the Company. Allocations are based on participant earnings on account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of the vested portion of their account balance. Loan terms may range up to five years, unless the loan is for the purchase of a primary residence when the term can be extended to ten years. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates, as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Loan transactions are treated as transfers between the investment and loan fund. Interest earned on loan balances is treated as income to the loan fund and a subsequent transfer into the employee's investment funds. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Payment of Benefits

On termination of service, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Distributions are subject to the applicable provisions of the Plan agreement, and are made as soon as is administratively possible after the receipt of the distribution request.

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 1: Description of Plan (cont.)**

Forfeited Accounts

At December 31, 2011 and 2010, forfeited nonvested accounts totaled \$1,029 and \$1,449, respectively. These accounts will be used to first pay plan expenses, then to reduce employer contributions to the plan.

**Note 2: Summary of Significant Accounting Policies**

Date of Management's Review

Subsequent events were evaluated through July 20, 2012, which is the date the financial statements were available to be issued.

Method of Accounting

Assets, liabilities, revenues and expenses are recognized on the accrual method of accounting for financial statement presentation. Wherever necessary, prior period financial statements have been restated to conform to changes in the way amounts are classified in the current year financial statements.

Investment contracts held by a defined-contribution plan are required to be reported at fair market 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. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

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

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 2: Summary of Significant Accounting Policies (cont.)**

Investment Valuation and Income Recognition

The general account contains investments in a fully benefit responsive investment contract and the investments are stated at contract value which is also the fair market value. The average yield earned by the plan is equal to the average yield earned by the plan adjusted to reflect the actual interest rate credited to the plan participants. Interest rates are reset monthly at the beginning of each month and are applied daily to the total outstanding balance of the investment. There is no stated maturity date for the investment. As of December 31, 2011 and 2010, there are no reserves against the contract for credit risk of the contract issuer or otherwise.

Investments in pooled separate accounts are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at cost, which approximates fair value.

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

Contributions

Employee contributions are recorded in the period during which the Company makes payroll deductions from the participants' earnings. Matching Company contributions, if applicable, would be recorded in the same period.

Benefits

Benefit claims are recorded as expenses when they have been approved for payment and paid by the Plan.

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 3: Fair Value Measurements**

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

|                                     |              | Fair Value Measurements Using:                                             |                                                           |                                                             |
|-------------------------------------|--------------|----------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
|                                     |              | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Other<br>Unobservable<br>Inputs<br>(Level 3) |
|                                     | Fair Value   |                                                                            |                                                           |                                                             |
| <u>December 31, 2011</u>            |              |                                                                            |                                                           |                                                             |
| Pooled Separate Accounts:           |              |                                                                            |                                                           |                                                             |
| Small Company Equity                | \$ 179,143   | \$ 168,854                                                                 | \$ 11,289                                                 | \$ -0-                                                      |
| Large/Mid Growth                    | 27,263       | 27,263                                                                     | -0-                                                       | -0-                                                         |
| Global Equity                       | 125,529      | 125,529                                                                    | -0-                                                       | -0-                                                         |
| Specialty                           | 24,181       | 24,181                                                                     | -0-                                                       | -0-                                                         |
| Hybrid                              | 152,510      | 127,716                                                                    | 24,794                                                    | -0-                                                         |
| Large/Mid Blend Equity              | 168,819      | -0-                                                                        | 168,819                                                   | -0-                                                         |
| Equity                              | 59,849       | -0-                                                                        | 59,849                                                    | -0-                                                         |
| Large/Mid Value Equity              | 66,443       | 66,443                                                                     | -0-                                                       | -0-                                                         |
| Bond                                | 11,806       | -0-                                                                        | 11,806                                                    | -0-                                                         |
| High Yield Bond                     | 78,824       | -0-                                                                        | 78,824                                                    | -0-                                                         |
| General Account-Investment contract |              |                                                                            |                                                           |                                                             |
| - with insurance company            | 329,609      | -0-                                                                        | 329,609                                                   | -0-                                                         |
| Participant loans                   | 8,997        | -0-                                                                        | -0-                                                       | 8,997                                                       |
| Total                               | \$ 1,233,973 | \$ 539,986                                                                 | \$ 684,990                                                | \$ 8,997                                                    |
| <u>December 31, 2010</u>            |              |                                                                            |                                                           |                                                             |
| Pooled Separate Accounts:           |              |                                                                            |                                                           |                                                             |
| Small Company Equity                | \$ 165,646   | \$ 156,718                                                                 | \$ 8,928                                                  | \$ -0-                                                      |
| Large/Mid Growth                    | 23,461       | 23,461                                                                     | -0-                                                       | -0-                                                         |
| Global Equity                       | 104,417      | 104,417                                                                    | -0-                                                       | -0-                                                         |
| Specialty                           | 34,621       | 34,621                                                                     | -0-                                                       | -0-                                                         |
| Hybrid                              | 103,240      | 97,959                                                                     | 5,281                                                     | -0-                                                         |
| Large/Mid Blend Equity              | 141,943      | -0-                                                                        | 141,943                                                   | -0-                                                         |
| Equity                              | 52,690       | -0-                                                                        | 52,690                                                    | -0-                                                         |
| Large/Mid Value Equity              | 60,913       | 60,913                                                                     | -0-                                                       | -0-                                                         |
| Bond                                | 14,619       | -0-                                                                        | 14,619                                                    | -0-                                                         |
| High Yield Bond                     | 63,069       | -0-                                                                        | 63,069                                                    | -0-                                                         |
| General Account-Investment contract |              |                                                                            |                                                           |                                                             |
| - with insurance company            | 357,222      | -0-                                                                        | 357,222                                                   | -0-                                                         |
| Participant loans                   | 17,833       | -0-                                                                        | -0-                                                       | 17,833                                                      |
| Total                               | \$ 1,139,674 | \$ 478,089                                                                 | \$ 643,752                                                | \$ 17,833                                                   |

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 3: Fair Value Measurements (cont.)**

FASB ASC 820-10-35-37, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs are inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly through corroboration with observable market value, and Level 3 inputs which are unobservable have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are utilized when available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of pooled separate accounts is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The investment contract with an insurance company is not actively traded, the risk is defined by the insurance company third party credit rating which is observable. Thus, the fair value of the fully-benefit responsive investment contract is the contract value because the contract value is the amount the participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Level 3 Fair Value Measurements

The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 3: Fair Value Measurements (cont.)**

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

|                                                                                                                | Participant<br>Loans |
|----------------------------------------------------------------------------------------------------------------|----------------------|
| <u>December 31, 2011</u>                                                                                       |                      |
| Beginning balance                                                                                              | \$ 17,833            |
| Total gains or losses (realized and unrealized)<br>included in changes in net assets available for<br>benefits | -0-                  |
| Purchases, sales, issuance and settlements (net)                                                               | <u>8,836</u>         |
| Ending balance                                                                                                 | <u>\$ 8,997</u>      |
| <u>December 31, 2010</u>                                                                                       |                      |
| Beginning balance                                                                                              | \$ 14,501            |
| Total gains or losses (realized and unrealized)<br>included in changes in net assets available for<br>benefits | -0-                  |
| Purchases, sales, issuance and settlements (net)                                                               | <u>3,332</u>         |
| Ending balance                                                                                                 | <u>\$ 17,833</u>     |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011 are reported in net appreciation in fair value of investments. The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2011 and 2010, there were no transfers into or out of Level 3.

**Note 4: Certified Financial Information**

The Plan assets are invested in products sold by Transamerica Life Insurance Company, the trustee of the Plan. The following schedule is a summary of financial data certified by the trustee as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Investment income was also certified by the trustee.

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 4: Certified Financial Information (cont.)**

|                                                                               | December 31,<br><u>2011</u> | December 31,<br><u>2010</u> |
|-------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Transamerica Life Insurance Company                                           |                             |                             |
| General Account (at contract value):                                          |                             |                             |
| Transamerica Stable Value (average yield was 2.45% in 2011 and 2.73% in 2010) | \$ 329,609                  | \$ 357,222                  |
| Total general account                                                         | \$ 329,609                  | \$ 357,222                  |
| Transamerica Life Insurance Company                                           |                             |                             |
| Pooled Separate Accounts (at fair value):                                     |                             |                             |
| Transamerica-WMC Quality Growth Equity                                        | \$ 16,221                   | \$ 38,583                   |
| Transamerica SSgA S&P 500 Index                                               | 37,064                      | 29,717                      |
| Transamerica Goldman Sachs Mid-Cap Opp                                        | 17,215                      | 8,208                       |
| Transamerica Loomis Sayles Bond                                               | 2,220                       | 3,540                       |
| TI Neuberger Berman Genesis                                                   | 123,802                     | 129,848                     |
| TI Fidelity VIP II Contrafund                                                 | 131,755                     | 112,226                     |
| Transamerica Partners Mid- Growth                                             | 26,412                      | 5,899                       |
| Transamerica Diversified Investors Short Horizon                              | 20,218                      | 4,070                       |
| Transamerica Diversified Investors Sht/Int Horizon                            | 298                         | 312                         |
| Transamerica Diversified Investors Inter/Lng Horizon                          | -                           | 130                         |
| Transamerica Diversified Investors Long Horizon                               | 4,278                       | 769                         |
| Transamerica Partners High Yield Bond                                         | 78,824                      | 63,069                      |
| TI Calvert Equity                                                             | 2,084                       | 23,002                      |
| TI Fidelity Advisor Small Cap                                                 | 34,699                      | 21,660                      |
| TI INVESCO VK Value                                                           | 26,107                      | 24,815                      |
| TI Janus Small Cap Value Ret Opt                                              | 11,289                      | 8,928                       |
| TI American Funds AMCAP Fund                                                  | 27,263                      | 23,461                      |
| TI Mutual Shares Fund                                                         | 40,336                      | 36,097                      |
| TI American Funds New Perspect                                                | 125,529                     | 104,417                     |
| Transamerica Partners High Quality Bond                                       | 3,036                       | 3,754                       |
| Transamerica Partners Small Core                                              | 6,550                       | 7,325                       |
| Transamerica Vang Tg Ret 2005                                                 | 175                         | 1,793                       |
| Transamerica Vang Tg Ret 2015                                                 | 19,646                      | 15,527                      |
| Transamerica Vang Tg Ret 2020                                                 | 20,520                      | 10,306                      |
| Transamerica Vang Tg Ret 2025                                                 | 40,647                      | 30,178                      |
| Transamerica Vang Tg Ret 2030                                                 | -                           | 485                         |
| Transamerica Vang Tg Ret 2035                                                 | 30,333                      | 28,275                      |
| Transamerica Vang Tg Ret 2040                                                 | 13,235                      | 8,459                       |
| Transamerica Vang Tg Ret 2045                                                 | 2,510                       | 2,057                       |
| Transamerica Vang Tg Ret 2050                                                 | 651                         | 880                         |
| TI American Century Sml Cp Val                                                | 9,353                       | 5,210                       |
| TI Franklin Utilities Fund                                                    | 22,097                      | 11,619                      |
| Total pooled separate accounts                                                | \$ 894,367                  | \$ 764,619                  |
| Total certified investments (at fair value)                                   | \$ 1,223,976                | \$ 1,121,841                |

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 5: Investments**

The following presents investment values, at December 31, 2011 and 2010, which represented 5% or more of the Plan's net assets at the end of 2011.

|                                                                       | <u>2011</u> | <u>2010</u> |
|-----------------------------------------------------------------------|-------------|-------------|
| Transamerica Stable Value<br>18,102 and 20,100 units, respectively    | \$ 329,609  | \$ 357,222  |
| TI Neuberger Berman Genesis<br>1,510 and 1,653 units, respectively    | 123,802     | 129,848     |
| TI Fidelity VIP II Contrafund<br>2,648 and 2,193 units, respectively  | 131,755     | 112,226     |
| TI American Funds New Perspect<br>2,297 and 1,759 units, respectively | 125,529     | 104,417     |
| TI Partners High Yield Bond<br>2,696 and 2,254 units, respectively    | 78,824      | 63,069      |

The Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$2,084 during 2011, and appreciated in value by \$101,287 during 2010, as follows:

|                         |                 |                   |
|-------------------------|-----------------|-------------------|
| General account         | \$ 8,398        | \$ 9,995          |
| Pooled separate account | <u>(6,314)</u>  | <u>91,292</u>     |
|                         | <u>\$ 2,084</u> | <u>\$ 101,287</u> |

**Note 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 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.

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 7: Income Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated April 16, 2010, that the Plan qualifies, in form, under the applicable sections of the Internal Revenue Code (the Code), and the underlying trust is therefore exempt from federal income taxes under Section 501(a) of the Code. The Plan is required to operate in accordance with the Code to maintain its tax qualification; however, the Plan administrator is not aware of any course of action or series of events which might adversely affect the Plan's qualified status.

The Plan administrator believes the Plan is no longer subject to income tax examinations for the years prior to 2008.

**Note 8: Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010, to Schedule H of Form 5500:

|                                                                   | <u>2011</u>         | <u>2010</u>         |
|-------------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements    | \$ 1,244,116        | \$ 1,156,201        |
| Accrued expenses at December 31, 2011 and 2010                    | <u>-0-</u>          | <u>-0-</u>          |
| Net assets available for benefits per Schedule H to the Form 5500 | <u>\$ 1,244,116</u> | <u>\$ 1,156,201</u> |

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the years ended December 31, 2011 and 2010, to Schedule H of Form 5500:

|                                                                              | <u>2011</u>      | <u>2010</u>     |
|------------------------------------------------------------------------------|------------------|-----------------|
| Changes in net assets available for benefits per the financial statements    | \$ 87,915        | \$ 8,406        |
| Increase in employer contributions received                                  | -0-              | -0-             |
| Decrease in participant contributions received                               | -0-              | -0-             |
| Accrued administrative expenses at December 31, 2011 and 2010                | <u>-0-</u>       | <u>-0-</u>      |
| Changes in net assets available for benefits per Schedule H to the Form 5500 | <u>\$ 87,915</u> | <u>\$ 8,406</u> |

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2011 AND 2010**

**Note 9: Risks And Uncertainties**

The Plan invests in various 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 certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## **SUPPLEMENTAL INFORMATION**

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**YEAR ENDED DECEMBER 31, 2011**

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-1346032

PLAN NUMBER: 001

| (a) | (b)                                                      | (c)                                                                                                              | (d)       | (e)              |
|-----|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date, rate of<br>interest, collateral, par, or<br>maturity value | Cost      | Current<br>Value |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | WMC Quality Growth Equity<br>\$73.94/unit                                                                        | \$ 16,221 | \$ 16,221        |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | SSgA S&P 500 Index<br>\$37.82/unit                                                                               | 37,064    | 37,064           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Goldman Sachs<br>Mid-Cap Opp<br>\$76.55/unit                                                        | 17,215    | 17,215           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Loomis Sayles<br>Bond<br>\$52.32/unit                                                               | 2,220     | 2,220            |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI Neuberger Berman Genesis<br>\$81.97/unit                                                                      | 123,802   | 123,802          |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI Fidelity VIP II Contrafund<br>\$49.75/unit                                                                    | 131,755   | 131,755          |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Partners Mid-<br>Growth<br>\$14.89/unit                                                             | 26,412    | 26,412           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Diversified<br>Investors Short Horizon<br>\$21.34/unit                                              | 20,218    | 20,218           |

(continued)

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**YEAR ENDED DECEMBER 31, 2011**

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-1346032

PLAN NUMBER: 001

| (a) | (b)                                                      | (c)                                                                                                              | (d)     | (e)              |
|-----|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date, rate of<br>interest, collateral, par, or<br>maturity value | Cost    | Current<br>Value |
|     |                                                          | (continued)                                                                                                      |         |                  |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Diversified<br>Investors Sht/Int Horizon<br>\$17.07/unit                                            | \$ 298  | \$ 298           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Diversified<br>Investors Inter/Lng Horizon<br>\$14.29/unit                                          | 0       | 0                |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Diversified<br>Investors Long Horizon<br>\$12.75/unit                                               | 4,278   | 4,278            |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Partners High Yield<br>Bond<br>\$29.23/unit                                                         | 78,824  | 78,824           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI Calvert Equity<br>\$52.51/unit                                                                                | 2,084   | 2,084            |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI Fidelity Advisor Small Cap<br>\$34.97/unit                                                                    | 34,699  | 34,699           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI Invesco VK Value<br>Opportunities<br>\$28.86/unit                                                             | 26,107  | 26,107           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Stable Value<br>\$18.21/unit                                                                        | 329,609 | 329,609          |

(continued)

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN**  
**SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**YEAR ENDED DECEMBER 31, 2011**

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-1346032

PLAN NUMBER: 001

| (a) | (b)                                                      | (c)                                                                                                              | (d)       | (e)              |
|-----|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date, rate of<br>interest, collateral, par, or<br>maturity value | Cost      | Current<br>Value |
|     |                                                          | (continued)                                                                                                      |           |                  |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI Janus Small Cap Value Ret<br>Opt<br>\$38.21/unit                                                              | \$ 11,289 | \$ 11,289        |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI American Funds AMCAP<br>Fund<br>\$45.80/unit                                                                  | 27,263    | 27,263           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI Mutual Shares Fund<br>\$47.48/unit                                                                            | 40,336    | 40,336           |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | TI American Funds New Perspect<br>\$54.65/unit                                                                   | 125,529   | 125,529          |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Partners High<br>Quality Bond<br>\$27.78/unit                                                       | 3,036     | 3,036            |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Partners Small<br>Core<br>\$36.51/unit                                                              | 6,550     | 6,550            |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Vanguard Target<br>Ret 2005<br>\$14.41/unit                                                         | 175       | 175              |
| *   | Transamerica Life Insurance<br>and Annuity Company**     | Transamerica Vanguard Target<br>Ret 2015<br>\$14.30/unit                                                         | 19,646    | 19,646           |

(continued)

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN  
SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
YEAR ENDED DECEMBER 31, 2011**

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-1346032

PLAN NUMBER: 001

| (a)         | (b)                                                   | (c)                                                                                                     | (d)    | (e)           |
|-------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------|---------------|
|             | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost   | Current Value |
| (continued) |                                                       |                                                                                                         |        |               |
| *           | Transamerica Life Insurance and Annuity Company**     | Transamerica Vanguard Target Ret 2020<br>\$11.81/unit                                                   | 20,520 | 20,520        |
| *           | Transamerica Life Insurance and Annuity Company**     | Transamerica Vanguard Target Ret 2025<br>\$13.97/unit                                                   | 40,647 | 40,647        |
| *           | Transamerica Life Insurance and Annuity Company**     | Transamerica Vanguard Target Ret 2035<br>\$14.02/unit                                                   | 30,333 | 30,333        |
| *           | Transamerica Life Insurance and Annuity Company**     | Transamerica Vanguard Target Ret 2040<br>\$11.00/unit                                                   | 13,235 | 13,235        |
| *           | Transamerica Life Insurance and Annuity Company**     | Transamerica Vanguard Target Ret 2045<br>\$14.41/unit                                                   | 2,510  | 2,510         |
| *           | Transamerica Life Insurance and Annuity Company**     | Transamerica Vanguard Target Ret 2050<br>\$11.05/unit                                                   | 651    | 651           |
| *           | Transamerica Life Insurance and Annuity Company**     | TI American Century Sml Cp Val<br>\$37.55/unit                                                          | 9,353  | 9,353         |
| *           | Transamerica Life Insurance and Annuity Company**     | TI Franklin Utilities Fund<br>\$22.15/unit                                                              | 22,097 | 22,097        |
| *           | Participant Loans Receivable                          | 4.25%                                                                                                   | 0      | 8,997         |

\* Indicates an identified person known to be a party-in-interest to the Plan.

\*\* This information was derived from data certified by Transamerica Life Insurance and Annuity Company.

(d) Cost figures as per Form 5500.

**STAFFSCAPES, INC. 401(K) PROFIT SHARING PLAN  
SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4a  
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
YEAR ENDED DECEMBER 31, 2011**

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-1346032

PLAN NUMBER: 001

|     |     |     |     |     |
|-----|-----|-----|-----|-----|
| (a) | (b) | (c) | (d) | (e) |
|-----|-----|-----|-----|-----|

\* Staffscapes, Inc.      Employer/Plan Administrator      Contributions not remitted  
timely to the Plan as follows :

September 10      \$      9,014

\$      9,014

(c)    The Company has restored late contributions to the participants' accounts in the amount of \$9,014 and will restore earnings of \$6.

\*      Indicates an identified person known to be a party-in-interest to the Plan.

\*\*    This information was derived from data certified by Transamerica Life Insurance and Annuity Company.

| SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR |                                                                   |                                                                                                                       |              |                      |
|----------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------|----------------------|
|                                                                |                                                                   |                                                                                                                       |              |                      |
| <b>Plan Name:</b>                                              | STAFFSCAPES INC.                                                  |                                                                                                                       |              |                      |
| <b>Contract #:</b>                                             | 930030                                                            |                                                                                                                       |              |                      |
| <b>EIN:</b>                                                    | 84-1346032                                                        |                                                                                                                       |              |                      |
| <b>Plan ID:</b>                                                | 7982                                                              |                                                                                                                       |              |                      |
| <b>Plan #:</b>                                                 | 001                                                               |                                                                                                                       |              |                      |
| <b>Period:</b>                                                 | 01/01/2011 - 12/31/2011                                           |                                                                                                                       |              |                      |
|                                                                |                                                                   |                                                                                                                       |              |                      |
| (a)                                                            | (b)<br>Identity of issue, borrower, lessor, or<br>similar a party | (c )<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d)<br>Cost  | (e)<br>Current Value |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | WMC Quality Growth Equity Ret Opt                                                                                     | \$16,222.48  | 16,222               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | SSgA S&P 500 Index Ret Opt                                                                                            | \$37,063.54  | 37,064               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Goldman Sachs Mid-Cap Opportunities Ret                                                                               | \$17,215.14  | 17,215               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Loomis Sayles Bond Ret Opt                                                                                            | \$2,219.87   | 2,220                |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Neuberger Berman Genesis Inv Opt                                                                                      | \$123,802.48 | 123,802              |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Fidelity VIP II Contrafund Inv Opt                                                                                    | \$131,755.27 | 131,755              |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Transamerica Partners Mid Growth Ret Opt                                                                              | \$26,411.87  | 26,412               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Diversified Investors Short Horizon Ret Opt                                                                           | \$20,217.94  | 20,218               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Diversified Investors Short/Intermediate H                                                                            | \$297.50     | 298                  |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Diversified Investors Intermediate/Long H                                                                             | \$0.01       | 0                    |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Diversified Investors Long Horizon Ret Opt                                                                            | \$4,278.10   | 4,278                |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Transamerica Partners High Yield Bond Ret                                                                             | \$78,824.04  | 78,824               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Calvert Equity Portfolio Inv Opt                                                                                      | \$2,084.46   | 2,084                |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Fidelity Advisor Small Cap Inv Opt                                                                                    | \$34,698.87  | 34,699               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Invesco Van Kampen Value Opportunities I                                                                              | \$26,107.35  | 26,107               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Janus Small Cap Value Ret Opt                                                                                         | \$11,289.12  | 11,289               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | American Funds AMCAP Inv Opt                                                                                          | \$27,262.55  | 27,263               |
| *                                                              | TRANSAMERICA ASSET MANAGEMENT                                     | Mutual Shares Inv Opt                                                                                                 | \$40,335.80  | 40,336               |

|   |                               |                                           |              |         |
|---|-------------------------------|-------------------------------------------|--------------|---------|
| * | TRANSAMERICA ASSET MANAGEMENT | American Funds New Perspective Inv Opt    | \$125,529.01 | 125,529 |
| * | TRANSAMERICA ASSET MANAGEMENT | Transamerica Partners High Quality Bond R | \$3,036.46   | 3,036   |
| * | TRANSAMERICA ASSET MANAGEMENT | Transamerica Partners Small Core Ret Opt  | \$6,550.17   | 6,550   |
| * | TRANSAMERICA ASSET MANAGEMENT | American Century Small Cap Value Inv Opt  | \$9,352.65   | 9,353   |
| * | TRANSAMERICA ASSET MANAGEMENT | Franklin Utilities Inv Opt                | \$22,096.56  | 22,097  |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2005 Ret Opt   | \$175.37     | 175     |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2015 Ret Opt   | \$19,645.58  | 19,646  |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2025 Ret Opt   | \$40,646.53  | 40,647  |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2035 Ret Opt   | \$30,332.63  | 30,333  |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2045 Ret Opt   | \$2,509.83   | 2,510   |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2020 Ret Opt   | \$20,520.10  | 20,520  |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2030 Ret Opt   | \$0.00       | 0       |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2040 Ret Opt   | \$13,234.86  | 13,235  |
| * | TRANSAMERICA ASSET MANAGEMENT | Vanguard Target Retirement 2050 Ret Opt   | \$651.27     | 651     |
| * | TRANSAMERICA ASSET MANAGEMENT | Stable Value                              | \$329,609    | 329,609 |
| * | TRANSAMERICA ASSET MANAGEMENT | Loan Fund                                 | \$8,997      | 8,997   |