Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

VISIONARY INTEGRATION PROFESSIONALS, LLC

80 IRON POINT CIRCLE SUITE 100
FOLSOM, CA 95630

2b Employer Identification Number (EIN)
20-2969301

2c Sponsor's telephone number
916-985-9625

2d Business code (see instructions)
541519

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2012	JILL PETERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
VISIONARY INTEGRATION PROFESSIONALS, LLC

80 IRON POINT CIRCLE SUITE 100
FOLSOM, CA 95630

3b Administrator's EIN
20-2969301

3c Administrator's telephone number
916-985-9625

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	586
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	404
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	202
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	606
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	607
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	505
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	118
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONARY INTEGRATION PROFESSIONALS, LLC

D Employer Identification Number (EIN)
20-2969301

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

(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

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)

PUTNAM INVESTMENTS

ONE POST OFFICE SQUARE
BOSTON, MA 02109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 15	RECORDKEEPER	350	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 37 49 72	RECORDKEEPER	644	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: PERRY SMITH, LLP	**b** EIN:	68-0041802
c	Position: INDEPENDENT AUDITOR		
d	Address: 400 CAPITOL MALL SUITE 1200 SACRAMENTO, CA 95814	**e** Telephone:	916-441-1000

Explanation: CHANGE OF SERVICE PROVIDER RESULTED IN COMPANY COST SAVINGS AND INCREASED SERVICE

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VISIONARY INTEGRATION PROFESSIONALS, LLC

D Employer Identification Number (EIN)
20-2969301

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-3159710-202	C	1375690

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONARY INTEGRATION PROFESSIONALS, LLC

D Employer Identification Number (EIN)
20-2969301

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1589015	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	229307	241880
(9) Value of interest in common/collective trusts	1c(9)	0	1376171
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15431638	15545189
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	17249960	17163240
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17249960	17163240

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	651300	
(B) Participants	2a(1)(B)	2318669	
(C) Others (including rollovers)	2a(1)(C)	88100	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3058069
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	11052	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11052
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	346059	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		346059
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2805
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-760919
c Other income	2c		34978
d Total income. Add all **income** amounts in column (b) and enter total	2d		2692044
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2638952	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2638952
f Corrective distributions (see instructions)	2f		3244
g Certain deemed distributions of participant loans (see instructions)	2g		135574
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	994	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		994
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2778764
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-86720
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLAIR PRINGLE AND ASSOCIATES LLP **(2)** EIN: 27-4512505

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
	4d		X	
e	Was this plan covered by a fidelity bond?			
	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?			
	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
	4n	X		

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
VISIONARY INTEGRATION PROFESSIONALS, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONARY INTEGRATION PROFESSIONALS, LLC

D Employer Identification Number (EIN)
20-2969301

Part I Distributions

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

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

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

EIN(s): 20-3691658 84-1455663

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CLAIR PRINGLE & ASSOCIATES LLP

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Visionary Integration Professionals, LLC
401(k) Profit Sharing Plan
Folsom, California

We were engaged to audit the accompanying statement of net assets available for benefits of the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan (the "Plan"), as of December 31, 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the plan as of December 31, 2010, were audited by other auditors. 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 (ERISA), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report, dated July 11, 2011, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 the Trustee and Custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes transactions. The Plan Administrator has obtained a certification from the Trustee regarding the completeness and accuracy of the information summarized in Note 4 that was provided to the Plan Administrator by the Trustee as of and for the year ended December 31, 2011.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule as of or for the year ended December 31, 2011. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clair Pringle & Associates LLP

September 17, 2012

520 Capitol Mall, Suite 220 ▪ Sacramento, CA 95814 ▪ 916-504-2895

ASSETS HELD FOR INVESTMENT PURPOSES

Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan
01-DEC-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PARAX			86,554.80	84,792.82
1PARHX			18,711.43	18,415.55
1PARBX			256,793.21	252,561.17
1PARJX			739,532.93	733,065.31
1PARCX			413,593.44	406,820.53
1PARKX			572,714.92	563,242.35
1PARDX			467,680.24	460,138.88
1PARLX			305,677.16	300,573.36
1PARFX			189,922.63	186,167.52
1PAROX			25,755.29	25,322.53
1RERCX			1,777,735.53	1,712,713.23
1JRGSX			1,560,649.94	1,523,541.19
1VTSGX			8,995.06	9,082.26
1ASCVX			164,067.45	166,646.84
1JGMRX1			294,150.94	284,485.45
1RSEFX			1,818.13	1,819.05
1VSISX			16,653.14	16,798.50
1CMGRX			134,681.39	127,577.99
1DVLIX			30,874.14	27,944.17
1SAMVX			140,060.50	129,159.08
1VMISX			59,495.87	59,498.99
1LAVRX			1,213,143.72	1,207,353.10
1MLRTX			1,920,703.01	1,843,723.70
1SVIIX			1,377,025.37	1,399,815.97
1VIFSX			3,876.87	3,996.69
1ACEIX			2,351,522.37	2,391,681.31
1PAMRX			143,152.93	137,489.89
1PRRRX			173,121.23	168,110.32
1PTRRX			1,276,094.00	1,286,297.15
1VBTSX			16,447.78	16,350.92
1PCSV75			1,364,101.02	1,364,101.02
			17,105,306.44	**16,909,286.84**
PARTICIPANT LOANS	VARIOUS	4.250-8.250	241,773.08	241,879.81
FORFEITURES			12,083.02	12,072.69

ASSETS HELD FOR INVESTMENT PURPOSES

Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan
01-DEC-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1PARAX	T. Rowe Price Retirement 2010 Adv	1PARHX	T. Rowe Price Retirement 2015 Advisor
1PARBX	T. Rowe Price Retirement 2020 Adv	1PARJX	T. Rowe Price Retirement 2025 Advisor
1PARCX	T. Rowe Price Retirement 2030 Adv	1PARKX	T. Rowe Price Retirement 2035 Advisor
1PARDX	T. Rowe Price Retirement 2040 Adv	1PARLX	T. Rowe Price Retirement 2045 Advisor
1PARFX	T. Rowe Price Retirement 2050 Adv	1PAROX	T. Rowe Price Retirement 2055 Advisor
1RERCX	American Funds EuroPacific Growth Fd R3	1JRGSX	Janus Global Research Fund - S
1VTSGX	Vanguard Total Intl Stock Index Signal	1ASCVX	American Beacon Small Cp Val R
1JGMRX1	Janus Triton Fund R	1RSEFX	Royce Special Equity Svc
1VSISX	Vanguard Small Cap Index Signal	1CMGRX	Columbia Mid Cap Growth Fund -R
1DVLIX	Dreyfus Opportunistic Midcap Value I	1SAMVX	RidgeWorth Mid-Cap Value Equity A
1VMISX	Vanguard Mid Cap Index Fund Signal	1LAVRX	Lord Abbett Fundamental Equity R3
1MLRTX	MainStay Large Cap Growth R2	1SVIIX	RidgeWorth Large Cap Value Equity A
1VIFSX	Vanguard 500 Index Signal	1ACEIX	Invesco Van Kampen Equity & Income A
1PAMRX	Putnam American Government Income R	1PRRRX	PIMCO Real Return Fund - R
1PTRRX	PIMCO Total Return Fund - R	1VBTSX	Vanguard Total Bond Market Index Signal
1PCSV75	Putnam Stable Value Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

ASSETS

	2011	2010
Investments at Fair Value		
Mutual Funds	$ 15,545,189	$ 17,020,653
Stable Value Fund	1,376,171	-
Total Investments	16,921,360	17,020,653
Receivables		
Notes Receivable from Participants	241,880	229,307
Employer Contribution	136,907	130,733
Participant Contributions	101,996	91,114
Total Receivables	480,783	451,154
Liabilities		
Excess Contributions Payable	35,920	-
Net Assets Available for Benefits	$ 17,366,223	$ 17,471,807

See accompanying notes to financial statements and independent auditor's report.

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

Additions to Net Assets Attributed to:		
Income		
Interest and Dividends	$	348,836
Interest on Notes Receivable		12,084
Total Income		360,920
Contributions		
Participant		2,293,632
Employer		652,630
Rollover		87,507
Total Contributions		3,033,769
Total Additions		3,394,689
Deductions from Net Assets Attributed to:		
Distributions to Participants		2,774,198
Net Depreciation in Fair Value of Investments		726,075
Total Deductions		3,500,273
Net Decrease		(105,584)
Net Assets Available For Benefits		
Beginning of Year		17,471,807
End of Year	$	17,366,223

See accompanying notes to financial statements and independent auditor's report.

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

Visionary Integration Professionals. Inc., the original Plan Sponsor, established the Plan effective January 1, 1997. Visionary Integration Professionals, LLC became the Plan Sponsor during the 2005 Plan Year. The Plan is a defined contribution plan covering all eligible employees of Visionary Integration Professionals. Inc. and Visionary Integration Professionals, LLC (collectively, the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trustees of the Plan are responsible for administration and management of the Plan.

The Meridian Knowledge Solutions, LLC Profit Sharing Plan ("Meridian Plan") was merged into the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan during 2007. All participants in the Meridian Plan were credited with prior years of service, and participants' accounts in the Meridian Plan transferred at the same vested percentage in effect at the time of the transfer.

The MyITgroup, LLC 401(k) Plan ("MyITgroup Plan") was merged into the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan effective December 31, 2008. Participants' accounts in the MyITgroup, LLC 401(k) Plan transferred at the same vested percentage in effect at the time of the transfer, but were not credited with prior years' service.

ELIGIBILTY

All employees of the Company are eligible to participate in the Plan on the first day following their hire and attaining age eighteen. Participants are eligible for employer matching and discretionary contributions on the first day of the quarter following completion of one year of service and attaining age eighteen.

CONTRIBUTIONS

Each year, participants may make salary deferral contributions in any percentage of their pre-tax annual compensation, as defined in the Plan, subject to certain Internal Revenue Code ("IRC") limitations. Participants may also contribute amounts representing pre-tax distributions from other qualified plans. The Company may make a discretionary matching contribution equal to 50% of the participant's elective deferral, limited to the first 8% of compensation deferred. The Company may also make other discretionary employer contributions to eligible participants employed on the last day of the Plan year with at least 1,000 hours of service. Company contributions are subject to certain IRC limitations.

During 2011, the Company's discretionary matching contribution totaled $652,630. No other discretionary contributions were made.

1. DESCRIPTION OF THE PLAN (continued)

CONTRIBUTIONS (continued)

The Plan includes an automatic enrollment feature in which employees are automatically enrolled at a salary deferral rate of 4% of their compensation if they do not elect not to participate in the Plan, or elect a different salary deferral percentage in the manner prescribed by the Plan Administrator. Employees will be automatically enrolled in the Plan upon reaching eligibility.

PARTICIPANT ACCOUNTS

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer matching contributions, the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expense are based on the proportion that each participant's account balance bears to the total of all participant account balances. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Employer matching contributions are allocated to participants accounts on a quarterly basis. Employer discretionary contributions are allocated to participant accounts when contributed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants direct all of their contributions into various investment options offered by the Plan. Participants may change their investment options without restriction.

VESTING

Participants are immediately vested in their voluntary contributions plus actual earnings therin. For employees of Visionary Integration Professionals, Inc. and Visionary Integration Professionals LLC, vesting in the Company's matching and discretionary contributions is based on years of service, as outlined below:

Years	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

All current and future employer contributions to former employees of Meridian Knowledge Solutions, Inc. are 100% vested upon contribution. All other future employer contributions will vest according to the schedule above.

Upon termination due to death, disability or normal retirement, a participant becomes 100% vested in all employer matching and discretionary contributions.

1. DESCRIPTION OF THE PLAN (continued)

FORFEITURES

Forfeitures consist of the non-vested portion of Plan assets attributable to participants who have withdrawn from the Plan. Forfeitures are first used to pay Plan expenses for the Plan year in which the forfeitures are to be allocated. Any remaining forfeitures are used to reduce employer matching and/or offset employer contributions.

For the Plan years ended December 31, 2011 and 2010, there were $12,073 and $6,474 in forfeited nonvested accounts.

DISTRIBUTIONS TO PARTICIPANTS

Upon termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may also receive in-service distributions on account of hardship or after attaining normal retirement age (age 59 ½). Participants who are still employed and have reached age 70 ½ may defer receiving benefit payments until they are no longer employed. As of December 31, 2011 and 2010, there were no benefits payable to participants that have elected to withdraw from the Plan but have not yet been paid.

Terminated participants whose vested account balance is less than $1,000 on the cash-out date automatically receive a lump sum distribution. Fund of terminated participants whose vested account balance is greater than $1,000, but less than $5,000 on the cash-out date are rolled over into an individual retirement account (IRA) established in the participant's name.

NOTES RECEIVABLE FROM PARTICIPANTS

Under the terms of the Plan, participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years, or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% of 9.25%, which are commensurate with local prevailing rates at the time the funds are borrowed. Principal and interest is paid ratably through payroll deductions.

ADMINISTRATIVE EXPENSES

Certain administrative expenses are paid by the Plan. The Company provides other administrative services for the Plan at no charge.

PLAN TERMINATION

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

USE OF ESTIMATES

The presentation of financial statements in conformity with Generally Accepted Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

RISKS AND UNCERTAINTIES

Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainly related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

INVESTMENT VALUATION AND FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices as of the last business day of the Plan year are used to value the investments. See Note 4 for discussion of fair value measurements.

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

BENEFITS

Benefits are recorded as expenses when paid by the Plan.

PLAN ADMINISTRATION

The Plan is administered by the Administrative Committee, which is appointed by the Board of Directors of the Company. The Plan's Trustee, Putnam Investments, is responsible for the custody and management of the Plan's assets. Certain administrative expenses are paid by the Company.

SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 17, 2012, the date the financial statements were available to be issued.

3. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated January 1, 1997 that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however the Administrative Committee believes that the Plan continues to fulfill the requirements of the Internal Revenue Code and ERISA, and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S. Federal, state or local tax authorities for years before 2008.

4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (unaudited)

INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by Capital Bank and Trust and Putnam Investments, the Trustees of the Plan's assets for the periods January – November 2011 and December 2011, respectively, and was not subjected to any auditing procedures except for comparing such information to information included in the Plan's financial statements and supplemental schedule.

The following presents investments that represent five percent or more of the Plan's net assets:

	December 31	
	2011	2010
Mutual Funds:		
Investco Van Kampen Equity	$ 2,391,681	
Mainstay Large Cap Growth	1,843,724	
American Funds EuroPacific Growth Fund	1,712,713	$ 2,002,195
Janus Global Research Fund	1,523,541	-
Ridgeworth Large Cap Value	1,399,816	-
Putnam Stable Value Fund	1,367,171	-
PIMCO Total Return Fund	1,286,297	1,201,285
Lord Abbet Fundamental Equity	1,207,353	-
American Funds Income Fund of America R3	-	2,478,954
American Funds New Perspective Fund R3	-	2,130,650
American Funds Growth Fund of America R3	-	1,919,069
American Funds Fundamental Investors R3	-	1,858,752
American Funds Money Market Fund R3	-	1,589,015
American Funds Washington Mutual Fund R3	-	1,411,884
Other Investments	4,180,064	2,428,849
	$ 16,921,360	$ 17,020,653

4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (unaudited) (continued)

The Trustees also certified the completeness and accuracy of net depreciation (including investments bought and sold, as well as held during the year) in fair value of investments totaling $726,075 and interest and dividend income from investments of $348,836 for the year ended December 31, 2011 and all investment balances and information included in the supplemental schedule.

The Trustee certified notes receivable from participants of $241,880 and $229,307 at December 31, 2011 and 2010, respectively, as well as interest income on notes receivable from participants of $12,084 for the year ended December 31, 2011.

FAIR VALUE MEASUREMENTS

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

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

Level 2 — Inputs to the valuation methodology include:

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual Funds
Valued based on quoted share prices form the same fund from more than one source.

Stable Value Fund
Valued based on the net asset value of shares held by the Plan at year end.

4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (unaudited) (continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

Assets at Fair Value at December 31, 2011

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 15,545,189	$ -	$ -	$ 15,545,189
Stable Value Fund			$ 1,376,171	1,376,171
	$ 15,545,189	$ -	$ 1,376,171	$ 16,921,360

Assets at Fair Value at December 31, 2010

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 17,020,653	$ -	$ -	$ 17,020,653
	$ 17,020,653	$ -	$ -	$ 17,020,653

There were no investment assets or liabilities measured at fair value on a nonrecurring basis at December 31, 2011 or 2010. There were no transfers between fair value levels for the years ended December 31, 2011 or 2010.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2011:

	Level 3 Assets December 31, 2011
	Stable Value Fund
Balance, beginning of year	$ -
Purchases, sales, issuances and settlements, (net)	1,361,314
Realized and unrealized gain and loss, net	2,787
Forfeitures, net	12,070
Balance, end of year	$ 1,376,171

5. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Putnam Investments, the Plan Trustee. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction in the return earned on each fund.

The Plan issues loans to participants, which are secured by the balances in the participant's accounts. These transactions qualify as party-in-interest transactions.

6. RECONCILIATION OF PLAN FINANCIAL STATEMENTS TO FORM 5500

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

	2011	2010
Net assets available for benefits per the financial statements	$ 17,366,223	$ 17,471,807
Less:		
Employer contributions receivable	(136,907)	(130,733)
Participant contributions receivable	(101,996)	(91,114)
Plus:		
Excess contributions payable	35,920	
Net assets available for benefits per Form 5500	$ 17,163,240	$ 17,249,960

The following is a reconciliation of total investments per the financial statements at December 31, 2011 and 2010 to Form 5500:

	2011	2010
Total investments per the financial statements	$ 16,921,360	$ 17,020,653
Plus:		
Notes receivable from participants	241,880	229,307
Total investments per Form 5500	$ 17,163,240	$ 17,249,960

6. RECONCILIATION OF PLAN FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2011 to Form 5500:

		2011
Participant contributions per the financial statements	$	2,293,632
Plus:		
Participant contributions receivable as of December 31, 2010		91,114
Excess contributions payable as of December 31, 2011		35,920
Less:		
Participant contributions receivable as of December 31, 2011		(101,996)
Participant contributions per Form 5500	$	2,318,670

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2011 to Form 5500:

		2011
Employer contributions per the financial statements	$	652,630
Plus:		
Employer contributions receivable as of December 31, 2010		130,733
Other		4,844
Less:		
Employer contributions receivable as of December 31, 2011		(136,907)
Employer contributions per Form 5500	$	651,300

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN
EIN 20-2969301
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

	Identify of issue, borrower, lessor or similar party	Fund Type	Cost	Current Value
*	Investco Van Kampen Equity	Mutual Fund	**	$ 2,391,681
*	Mainstay Large Cap Growth	Mutual Fund	**	1,843,724
*	American Funds Europacific Growth	Mutual Fund	**	1,712,713
*	Janus Global Research Fund	Mutual Fund	**	1,523,541
*	Ridgeworth Large Cap Value Equity	Mutual Fund	**	1,399,816
*	Putnam Stable Value Fund	Stable Value Fund	**	1,376,171
*	PIMCO Total Return Fund	Mutual Fund	**	1,286,297
*	Lord Abbet Fundamental Equity	Mutual Fund	**	1,207,353
*	T. Rowe Price Retirement 2025	Mutual Fund	**	733,065
*	T. Rowe Price Retirement 2035	Mutual Fund	**	563,242
*	T. Rowe Price Retirement 2040	Mutual Fund	**	460,139
*	T. Rowe Price Retirement 2030	Mutual Fund	**	406,821
*	T. Rowe Price Retirement 2045	Mutual Fund	**	300,573
*	Janus Triton Fund	Mutual Fund	**	284,485
*	T. Rowe Price Retirement 2020	Mutual Fund	**	252,561
*	T. Rowe Price Retirement 2050	Mutual Fund	**	186,168
*	PIMCO Real Return Fund	Mutual Fund	**	168,110
*	American Beacon Small Cap Value	Mutual Fund	**	166,647
*	Putnam American Government Income	Mutual Fund	**	137,490
*	Ridgeworth Mid Cap Value Equity	Mutual Fund	**	129,159
*	Columbia Mid Cap Growth Fund	Mutual Fund	**	127,578
*	T. Rowe Price Retirement 2010	Mutual Fund	**	84,796
*	Vanguard Mid Cap Index Fund	Mutual Fund	**	59,499
*	Dreyfus Opportunistic Midcap Value	Mutual Fund	**	27,944
*	T. Rowe Price Retirement 2055	Mutual Fund	**	25,323
*	T. Rowe Price Retirement 2015	Mutual Fund	**	18,416

(continued)

VISIONARY INTEGRATION PROFESSIONALS, LLC
401(k) PROFIT SHARING PLAN
EIN 20-2969301
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

	Identify of issue, borrower, lessor or similar party	Fund Type	Cost	Current Value
*	Vanguard Small Cap Index Fund	Mutual Fund	**	$ 16,799
*	Vanguard Total Bond Market Index	Mutual Fund	**	16,351
*	Vanguard Total International Stock Index	Mutual Fund	**	9,082
*	Vanguard 500 Index Signal	Mutual Fund	**	3,997
*	Royce Special Equity	Mutual Fund	**	1,819
*	Participant Loans	Various fixed interest rate loans	**	241,880
				$ 17,163,240

* Indicates a party-in-interest to the Plan.
** Cost information is not required, as investments are participant directed.

Perry Smith, LLP
400 Capitol Mall
Suite 1200
Sacramento CA 95814

Notice to Terminated Accountant
Or Enrolled Actuary

I, as plan administrator, verify that the explanation that is produced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2011 Annual return/report Form 5500 for the Visionary Integration Professionals, LLC 401(k) Profit Sharing Plan. This Form 5500 is identified in the line 2b by the nine-digit EIN # 20-2969301, and in line 1b by the three-digit PN # 001.

Change of service provider resulted in company cost savings and increased service.

You have the opportunity to comment to the department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W. Washington D.C. 20210.

Signature

September 18, 2012
Date

Jill Peters
Name