

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEES 401(K)PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>100</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>10/07/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>100</u>	1c Effective date of plan	<u>10/07/1991</u>
1b Three-digit plan number (PN) ►	<u>100</u>				
1c Effective date of plan	<u>10/07/1991</u>				
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>VEOLIA TRANSPORTATION SERVICES</u> <u>223 W. MEADOWVIEW ROAD</u> <u>GREENSBORO, NC 27406</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>52-1493194</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>336-373-2451</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>485110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1493194</u>	2c Sponsor's telephone number <u>336-373-2451</u>	2d Business code (see instructions) <u>485110</u>	
2b Employer Identification Number (EIN) <u>52-1493194</u>					
2c Sponsor's telephone number <u>336-373-2451</u>					
2d Business code (see instructions) <u>485110</u>					

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>KEVIN OOMS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") VEOLIA TRANSPORTATION SERVICES 223 W. MEADOWVIEW STREET GREENSBORO, NC 27406	3b Administrator's EIN 52-1493194 3c Administrator's telephone number 336-373-2451
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name ATC/VANCOM, INC.	4b EIN	4c PN
5 Total number of participants at the beginning of the plan year	5	217
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	173
b Retired or separated participants receiving benefits.....	6b	10
c Other retired or separated participants entitled to future benefits.....	6c	27
d Subtotal. Add lines 6a , 6b , and 6c	6d	210
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	134
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

2E 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:

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEES 401(K)PLAN</u>	B Three-digit plan number (PN) ►	<u>100</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VEOLIA TRANSPORTATION SERVICES</u>	D Employer Identification Number (EIN) <u>52-1493194</u>	

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

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY 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
<u>71-0294705</u>	<u>86509</u>	<u>MH3678</u>	<u>142</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>5057</u>	<u>0</u>

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

COMPUPAY INSURANCE & BROKERAGE SERV 415 DUKE DR STE 345
FRANKLIN, TN 37067

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>5057</u>	<u>0</u>		<u>3</u>

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	623539
5 Current value of plan's interest under this contract in separate accounts at year end	5	540743

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b Balance at the end of the previous year	7b	562121
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c Additions: (1) Contributions deposited during the year	7c(1)	197722	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	24471	
(4) Transferred from separate account	7c(4)	100856	
(5) Other (specify below)	7c(5)	75072	

▶ LOAN REPAYMENTS

(6) Total additions	7c(6)	398121
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d Total of balance and additions (add b and c(6))	7d	960242
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	79138	
(2) Administration charge made by carrier	7e(2)	2600	
(3) Transferred to separate account	7e(3)	155273	
(4) Other (specify below)	7e(4)	99692	

▶ LOAN DISBURSEMENTS

(5) Total deductions	7e(5)	336703
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f Balance at the end of the current year (subtract e(5) from d)	7f	623539
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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:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEES 401(K)PLAN</u>	B Three-digit plan number (PN) ▶ <u>100</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VEOLIA TRANSPORTATION SERVICES</u>	D Employer Identification Number (EIN) <u>52-1493194</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

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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)

ING LIFE INSURANCE AND ANNUITY CO.

P.O. BOX 990067
HARTFORD, CT 06199-1268

71-0294708

(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?
60 64 66	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	8928	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 ☐

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
ING LIFE INSURANCE AND ANNUITY CO	64	2525
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ING FIXED ACCOUNT-STANDARD P. O. BOX 990067 HARTFORD, CT 06199-1268</p> <p>71-0294708</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>RECORD-KEEPING FEES</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>ING LIFE INSURANCE AND ANNUITY CO.</p>		
<p>(b) Service Codes (see instructions)</p> <p>60 66</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">2084</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ING GROWTH AND INCOME PROTFOLIO-CLA P.O. BOX 990067 HARTFORD, CT 06199-1268</p> <p>06-0912550</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY & EXPENSE CHARGE</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>ING LIFE INSURANCE AND ANNUITY CO.</p>		
<p>(b) Service Codes (see instructions)</p> <p>60 66</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">1348</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ING BALANCED PORTFOLIO I P.O. BOX 990067 HARTFORD, CT 06199-1268</p> <p>25-1599480</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY & EXPENSE CHARGE</p>		

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
ING LIFE INSURANCE AND ANNUITY CO.	60 66	1113
(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.	
ING UBS U.S. LRG CAP EQTY PORT I P.O. BOX 990067 HARTFORD, CT 06199-1268 06-1496055	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY & EXPENSE CHANGE	
(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEES 401(K)PLAN</u>	B Three-digit plan number (PN)	<u>100</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VEOLIA TRANSPORTATION SERVICES</u>	D Employer Identification Number (EIN) <u>52-1493194</u>	

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: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>540743</u>
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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)
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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)
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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)
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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)
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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)
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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)
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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 ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEES 401(K)PLAN	B Three-digit plan number (PN) ►	100
C Plan sponsor's name as shown on line 2a of Form 5500 VEOLIA TRANSPORTATION SERVICES	D Employer Identification Number (EIN) 52-1493194	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1962	2068
(2) Participant contributions	1b(2)	5243	5569
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	136686	156403
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	498506	540743
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	562121	623539
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1204518	1328322

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1204518	1328322
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	53799	
(B) Participants	2a(1)(B)	144354	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		198153
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6835	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6835
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12336
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		217324

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81268	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		81268
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		6552
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3050	
(3) Investment advisory and management fees	2i(3)	2650	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5700
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		93520

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		123804
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
 (1) Name: BLANKENSHIP CPA GROUP (2) EIN: 45-0491842

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.).....	☒	☐	64829
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
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.	☐	☐	

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

A Name of plan <u>ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEES 401(K)PLAN</u>	B Three-digit plan number (PN) ▶ <u>100</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VEOLIA TRANSPORTATION SERVICES</u>	D Employer Identification Number (EIN) <u>52-1493194</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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): _____

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULES
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2011 AND 2010**

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULES
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2011 AND 2010**

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 10
SUPPLEMENTAL SCHEDULES:	
Schedule of Assets (Held at End of Year)	11
Schedule of Delinquent Participant Contributions	12 - 14

INDEPENDENT AUDITORS' REPORT

To the Trustees, Plan Administrator and Participants of
The ATC/Vancom of North Carolina, Inc. Greensboro Employees' 401(k) Plan

We were engaged to audit the financial statements of the ATC/Vancom of North Carolina, Inc. Greensboro Employees' 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedules as of December 31, 2011 as listed in the accompanying table of contents. 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 3, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the custodian 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 supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

Blankenship CPA Group, PLLC

July 20, 2012

ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

ASSETS

Investments, at fair value	<u>\$ 1,164,710</u>	<u>\$ 1,062,973</u>
Receivables		
Participants' contributions	5,569	5,243
Company contributions	2,068	1,962
Participant notes receivable	<u>170,827</u>	<u>144,559</u>
	<u>178,464</u>	<u>151,764</u>
Net assets reflecting all investments at fair value	1,343,174	1,214,737
Adjustment from fair value to contract value for fully benefit responsive investment contracts	<u>(427)</u>	<u>(2,346)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,342,747</u></u>	<u><u>\$ 1,212,391</u></u>

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

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2011 AND 2010**

	2011	2010
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	\$ -	\$ 40,368
Interest income on investments	24,472	21,884
Interest income on participant notes receivable	6,835	5,888
	<u>31,307</u>	<u>68,140</u>
Total investment income		
	<u>31,307</u>	<u>68,140</u>
Contributions		
Participants'	144,354	141,151
Company	53,799	50,410
	<u>198,153</u>	<u>191,561</u>
Total contributions		
	<u>198,153</u>	<u>191,561</u>
Total additions	<u>229,460</u>	<u>259,701</u>
Deductions to net assets attributed to		
Net depreciation in fair value of investments	12,136	-
Benefits paid	81,268	54,353
Administrative expenses	5,700	5,300
	<u>99,104</u>	<u>59,653</u>
Total deductions		
	<u>99,104</u>	<u>59,653</u>
Net increase	130,356	200,048
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF THE YEAR	<u>1,212,391</u>	<u>1,012,343</u>
END OF THE YEAR	<u>\$ 1,342,747</u>	<u>\$ 1,212,391</u>

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

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2011 AND 2010**

NOTE 1 - DESCRIPTION OF PLAN

The following description of the ATC/Vancom of North Carolina, Inc. Greensboro Employees' 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established effective October 7, 1991 by ATC/Vancom, Inc. (the "Company"), utilizing a prototype plan document issued by the Plan custodian. The Plan is a defined contribution plan covering all full-time employees of the Company who are age eighteen or older and who have completed at least three months of service with the Company. The administrative expenses may be paid by the Plan if not otherwise paid by the Company. The Company currently absorbs significant Plan administrative costs. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective October 4, 2004, the remaining plan assets in the terminated ATC/Vancom of North Carolina, Inc. Greensboro Employees' SCAT Retirement Plan were merged into the Plan.

Contributions

The Plan provides that participants may elect to contribute varying percentages of compensation based on years of service, ranging from 1% to 3% for less than five years up to 6% for more than fifteen years, not to exceed the maximum limits allowed by law. The Plan also allows for participants to contribute additional unmatched percentages of compensation based upon years of service, ranging from 1% to 10% for less than five years to 0% for more than fifteen years of service. The Company contributes a 50% matching percentage on a varying portion of these contributions based on the participant's years of service, ranging from 50% on the first 3% for less than five years of service up to 50% on the first 6% for more than fifteen years of service. The Plan also allows for the Company to make additional incentive contributions. During 2011 and 2010 the Company did not make any additional incentive contributions.

Participants' Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings and is charged with an allocation of administrative expenses and Plan losses. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and additional incentive contributions portions of their accounts plus actual earnings thereon is based on timing of the contributions and years of continuous service. A participant is 100% vested at the end of the third year for which the contribution was made; however, all contributions are 100% vested at the completion of five years of service, regardless of when the contributions were made. Participants terminating before these dates forfeit the right to the non-vested portion of the Company's matching and additional incentive contributions and related earnings.

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2011 AND 2010**

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Investments

A participant may direct his or her contributions in any of the investment options offered in the insurance pooled, separate accounts or guaranteed investment contracts. Participants may change their investment options daily.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, if the value of a participant's account is at least \$5,000, the participant provides written direction to the Plan as to the timing and method of benefit payment. If the value of the participant's account is less than \$5,000, then the benefit is immediately distributable in cash. Distributions are available only in the form of a lump-sum payment in cash.

Participant Notes Receivable

Participants may borrow amounts that are the lesser of \$50,000 or 50% of their vested balance, but no less than \$500. The loans are secured by the balance in the account and bear interest at prevailing rates as determined by the Plan administrator.

Forfeited Accounts

Forfeited, nonvested account balances may be used to offset Plan administrative expenses or to reduce future Company contributions. Forfeited, nonvested balances were \$6,250 and \$6,279 at December 31, 2011 and 2010, respectively.

Hardship Withdrawals

Distributions may be made in the event of a hardship, as defined by the Plan document. These distributions *are taxable* and may be subject to a tax penalty equal to 10% of the distribution amount. A hardship withdrawal is limited to the participant's vested account balance.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of commitments and contingencies. Actual results could differ from those estimates.

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2011 AND 2010**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

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

Participant Notes Receivable

Participant notes receivable are measured at their unpaid principal balance. Delinquent participant notes receivable are reclassified as distributions based upon the terms of the Plan document. Interest income is recognized when received.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company.

NOTE 3 - INVESTMENTS

The following table presents the fair value of plan investments at December 31, 2011 and 2010. Investments that represent five percent or more of the Plan's net assets are separately identified.

	2011	2010
* ING Fixed Account Fund	\$ 525,952	\$ 423,895
* ING VP Growth and Income Portfolio	187,183	167,728
* ING VP Balanced Portfolio, Inc.	116,869	117,946
* ING Long-term Guaranteed Accumulation Account	-	103,728
* ING VP Money Market Portfolio	100,723	92,995
* ING UBS US Large Cap Equity Portfolio	87,481	86,679
* Other funds	146,075	67,656
	<u>\$ 1,164,283</u>	<u>\$ 1,060,627</u>

* Represents an investment in a party-in-interest

The net (depreciation) appreciation in fair value of investments is fully attributed to the pooled separate accounts.

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2011 AND 2010**

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC 820 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 market 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 – 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 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active or non-active markets, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The Plan's investments held in pooled separate accounts are stated at fair value. These values are determined based on the quoted market prices of the underlying mutual funds held by ING Life Insurance and Annuity Company who manages the accounts.

The fixed accounts and the guaranteed investment contracts are stated at contract value, which is the amount a participant would receive upon withdrawal due to retirement, death, total or permanent disability, termination of employment, a participant loan or attainment of age 62 or 65.

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. Furthermore, although the Plan believes its valuation methods 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, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010.

Assets at Fair Value as of December 31, 2011

<u>Investment Category</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Variable Investment Fund	\$ 540,713	\$ 540,713	\$ -	\$ -
Fixed Account Investment Fund	525,952	-	-	525,952
Guaranteed Accumulation Fund	97,618	-	-	97,618
	<u>\$ 1,164,283</u>	<u>\$ 540,713</u>	<u>\$ -</u>	<u>\$ 623,570</u>

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2011 AND 2010**

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2010

<u>Investment Category</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Variable Investment Fund	\$ 498,506	\$ 498,506	\$ -	\$ -
Fixed Account Investment Fund	423,896	-	-	423,896
Guaranteed Accumulation Fund	<u>138,225</u>	<u>-</u>	<u>-</u>	<u>138,225</u>
	<u>\$ 1,060,627</u>	<u>\$ 498,506</u>	<u>\$ -</u>	<u>\$ 562,121</u>

Effect of Level 3 Inputs on Net Assets:

<u>Description</u>	<u>Beginning Balance</u>	<u>Interest Credited</u>	<u>Purchases, Issuances, Settlements</u>	<u>Ending Balance</u>	<u>Unrealized Gains or (Losses)</u>
Fixed Account Investment Fund	\$ 423,896	\$ 19,162	\$ 82,894	\$ 525,952	\$ -
Guaranteed Accumulation Fund	<u>138,225</u>	<u>5,310</u>	<u>(45,917)</u>	<u>97,618</u>	<u>(427)</u>
	<u>\$ 562,121</u>	<u>\$ 24,472</u>	<u>\$ 36,977</u>	<u>\$ 623,570</u>	<u>\$ (427)</u>

NOTE 5 - INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan has benefit-responsive contracts with ING Life Insurance and Annuity Company (ING). ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contracts are included in the statements of net assets available for benefits at fair value as determined using the market approach based on market prices of similar contracts. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The average yield and crediting rates for the short-term guaranteed accumulation fund were approximately 3.00% for 2011 and 2010. The average yield and crediting rates for the long-term guaranteed accumulation fund were approximately 3.00% for 2011 and 2010. The crediting interest rate is based on a formula agreed upon with the issuer and such interest rates are periodically reviewed for resetting with a minimum crediting rate of 3.00%.

Certain events, such as premature termination of the contracts by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with ING. The Plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable.

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2011 AND 2010**

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 at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 7 - TAX STATUS

The sponsor of the volume submitter plan document utilized by the Plan obtained a determination letter dated September 4, 2001, in which the Internal Revenue Service stated that the volume submitter plan document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011 no uncertain positions are taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

All of the investment options offered by the Plan are sponsored by ING Life Insurance and Annuity Company, the custodian of the Plan. Administrative fees paid by the Plan to ING totaled \$2,650 and \$2,700 for the year ended December 31, 2011 and 2010, respectively. Third party administrative services are provided by Compupay. Administrative fees paid by the Plan to Compupay totaled \$3,050 and \$2,500 for the year ended December 31, 2011 and 2010, respectively.

NOTE 9 - CONCENTRATION OF CREDIT RISK

The Plan invests in various pooled separate accounts. These investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain of these investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 10 - RECONCILIATION WITH FORM 5500

At December 31, 2011 and 2010, the Plan's investments exclude certain loan balances in the Plan's Form 5500 which are included as investments in the statements of net assets available for benefits. This difference results from defaulted loans to participants being considered "deemed distributions" in the Form 5500 but still considered outstanding loans in the statements of net assets available for benefits. A reconciliation of the Form 5500 to the statements of net assets available for benefits at December 31, 2011 and 2010 and the statements of changes in net assets available for benefits for the years ended December 31, 2011 and 2010 are as follows:

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEARS ENDED DECEMBER 31, 2011 AND 2010**

NOTE 10 - RECONCILIATION WITH FORM 5500 (CONTINUED)

	2011	2010
Statements of net assets available for benefits:		
Net assets per Schedule H to the Form 5500	\$ 1,328,322	\$ 1,204,518
Defaulted loans not included on Schedule H	<u>14,425</u>	<u>7,873</u>
Net assets as reported in the statements of net assets available for benefits	<u>\$ 1,342,747</u>	<u>\$ 1,212,391</u>
Statements of changes in net assets available for benefits:		
Deemed distributions as reported on the Form 5500	\$ 6,552	\$ 1,572
Excluded deemed distributions	<u>(6,552)</u>	<u>-</u>
Deemed distributions as reported in the statements of changes in net assets available for benefits	<u>\$ -</u>	<u>\$ 1,572</u>
Net increase as reported in the Form 5500	\$ 123,804	\$ 198,476
Deemed distributions per the Form 5500	<u>6,552</u>	<u>1,572</u>
Net increase as reported in the statements of changes in net assets available for benefits	<u>\$ 130,356</u>	<u>\$ 200,048</u>

NOTE 11 - SUBSEQUENT EVENTS

The Plan's administrator has evaluated subsequent events through July 20, 2012, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

**ATC/VANCOM OF NORTH CAROLINA, INC.
GREENSBORO EMPLOYEES' 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 52-1493194 PLAN NUMBER: 100
FORM 5500, SCHEDULE H, Line 4i
DECEMBER 31, 2011**

(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
*	ING Life Insurance and Annuity Company	ING Fixed Account Fund	N/A	\$ 525,952
*	ING Life Insurance and Annuity Company	ING VP Growth and Income Portfolio	N/A	187,183
*	ING Life Insurance and Annuity Company	ING VP Balanced Portfolio, Inc.	N/A	116,869
*	ING Life Insurance and Annuity Company	ING Long-term Guaranteed Accumulation Account	N/A	59,059
*	ING Life Insurance and Annuity Company	ING VP Money Market Portfolio	N/A	100,723
*	ING Life Insurance and Annuity Company	ING UBS US Large Cap Equity Portfolio	N/A	87,481
*	ING Life Insurance and Annuity Company	ING Short-term Guaranteed Accumulation Fund	N/A	38,530
*	ING Life Insurance and Annuity Company	ING VP Intermediate Bond Portfolio	N/A	48,486
	Participant loans	Participant Loans, 5.0%-9.0%;	N/A	<u>170,827</u>
				<u>\$ 1,335,110</u>

* Represents a party-in-interest.

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

► ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEE 401(K) PLAN

Employer Identification No.: ► 52-1493194

Plan year (beginning/ending): ► 01/01/2011 - 12/31/2011 Plan number: ► 100

Total that Constitute Nonexempt Prohibited Transactions

(a) Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included: (X)	(b) Contributions not Corrected	(c) Contributions Correction outside VFCP*	(d) Contributions Pending Correction in VFCP	(e) Total Fully Corrected Under VFCP and PTE 2002- 51
1,493.00		1,493.00		
397.88		397.88		
813.31		813.31		
706.63		706.63		
416.77		416.77		
337.04		337.04		
264.15		264.15		
1,604.50		1,604.50		
830.89		830.89		
1,542.25		1,542.25		
410.88		410.88		
690.90		690.90		
235.92		235.92		
61.65		61.65		
2,292.46		2,292.46		
40.80		40.80		
108.82		108.82		
650.24		650.24		
387.46		387.46		
891.57		891.57		
782.30		782.30		
810.00		810.00		
393.95		393.95		
606.87		606.87		
32.64		32.64		
113.97		113.97		
765.28		765.28		
457.59		457.59		
680.09		680.09		
1,123.38		1,123.38		
1,657.42		1,657.42		
43.50		43.50		
1,182.70		1,182.70		
1,046.21		1,046.21		
598.94		598.94		

TO THE PLAN BY THE DUE DATE OF THE 2011 FORM 5500.

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

► ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEE 401(K) PLAN

Employer Identification No.: ► 52-1493194

Plan year (beginning/ending): ► 01/01/2011 - 12/31/2011 Plan number: ► 100

Total that Constitute Nonexempt Prohibited Transactions

(a) Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included: (X)	(b) Contributions not Corrected	(c) Contributions Correction outside VFCP*	(d) Contributions Pending Correction in VFCP	(e) Total Fully Corrected Under VFCP and PTE 2002- 51
296.14		296.14		
268.55		268.55		
1,030.86		1,030.86		
270.63		270.63		
157.94		157.94		
42.77		42.77		
576.73		576.73		
1,487.76		1,487.76		
134.08		134.08		
734.99		734.99		
234.95		234.95		
1,163.41		1,163.41		
140.54		140.54		
903.08		903.08		
2,477.02		2,477.02		
624.15		624.15		
445.24		445.24		
2,016.39		2,016.39		
980.02		980.02		
1,153.99		1,153.99		
417.06		417.06		
504.44		504.44		
1,513.57		1,513.57		
300.42		300.42		
160.95		160.95		
526.32		526.32		
1,553.88		1,553.88		
169.13		169.13		
228.24		228.24		
416.36		416.36		
566.32		566.32		
274.83		274.83		
359.81		359.81		
617.24		617.24		
1,137.56		1,137.56		

TO THE PLAN BY THE DUE DATE OF THE 2011 FORM 5500.

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

► ATC/VANCOM OF NORTH CAROLINA, INC. GREENSBORO EMPLOYEE 401(K) PLAN

Employer Identification No.: ► 52-1493194

Plan year (beginning/ending): ► 01/01/2011 - 12/31/2011 Plan number: ► 100

Total that Constitute Nonexempt Prohibited Trans:

(a) Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included: (X)	(b) Contributions not Corrected	(c) Contributions Correction outside VFCP*	(d) Contributions Pending Correction in VFCP	(e) Total Fully Corrected Under VFCP and PTE 2002- 51
1,165.01		1,165.01		
1,270.48		1,270.48		
585.61		585.61		
1,043.26		1,043.26		
433.64		433.64		
431.83		431.83		
1,068.66		1,068.66		
879.63		879.63		
768.52		768.52		
133.32		133.32		
614.45		614.45		
295.80		295.80		
444.19		444.19		
1,613.47		1,613.47		
1,368.19		1,368.19		
813.93		813.93		
322.15		322.15		
573.03		573.03		
308.49		308.49		
1,666.47		1,666.47		
671.19		671.19		

TO THE PLAN BY THE DUE DATE OF THE 2011 FORM 5500.

Name of Plan: ATC/Vancom of North Carolina, Inc. Greensboro Employees' 401(k) Plan

For plan year (beginning/ending):▶ 01-01-2011/12-31-2011

[illegible]

Name of Plan: ATC/Vancom of North Carolina, Inc. Greensboro Employees' 401(k) Plan

For plan year (beginning/ending):▶ 01-01-2011/12-31-2011

100

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