

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>ABSO 401K PROFIT SHARINT PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/2004</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ABSOLUTE HIRE</u> <u>5750 WEST OAKS BLVD</u> <u>#100</u> <u>ROCKLIN, CA 95765</u>	2b Employer Identification Number (EIN) <u>94-3367098</u> 2c Sponsor's telephone number <u>800-943-2589</u> 2d Business code (see instructions) <u>541990</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>MARK MORGENFRUH</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") ABSOLUTE HIRE 5750 WEST OAKS BLVD #100 ROCKLIN, CA 95765	3b Administrator's EIN 94-3367098 3c Administrator's telephone number 800-943-2589
--	---

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	101
---	----------	-----

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

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

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

(b) Enter name and EIN or address of person who provided you 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)

(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 ☐

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

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 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 <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>ABSO 401K PROFIT SHARINT PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABSOLUTE HIRE</u>	D Employer Identification Number (EIN) <u>94-3367098</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
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)	31585	0
	(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)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	0	
	(10) Value of interest in pooled separate accounts	1c(10)	0	
	(11) Value of interest in master trust investment accounts	1c(11)	0	
	(12) Value of interest in 103-12 investment entities	1c(12)	0	
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	305957	54
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)	0	0

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	337542	54

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	337542	54
---	-----------	--------	----

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)	0	
(B) Participants	2a(1)(B)	11269	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11269
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-30055	
(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)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-30055
(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)	434	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		434
(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(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)		46872
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		28520

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81341	
(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)		81341
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	470	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		470
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		81811

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-53291
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		284197

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: CAMPBELL AND TAYLOR

(2) EIN: 68-0251243

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		33754
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 0

- 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)

STERLING INFOSYSTEMS 401K PROFIT SHARING PLAN

5b(2) EIN(s)	5b(3) PN(s)
11-2845313	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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>ABSO 401K PROFIT SHARINT PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABSOLUTE HIRE</u>	D Employer Identification Number (EIN) <u>94-3367098</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	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>16-1470238</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	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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): _____

*Financial Statements and
Independent Auditor's Report of*

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

December 31, 2011 and 2010

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1
 FINANCIAL STATEMENTS	
Statements of Net Assets Available for Plan Benefits	2
Statements of Change in Net Assets Available for Plan Benefits	3
Notes to Financial Statements	4 - 9
 SUPPLEMENTARY INFORMATION	
Schedule of Delinquent Participant Contributions (2011)	10
Schedule of Delinquent Participant Contributions (2010)	11
Schedule of Assets Held at End of Year	12



Steven A. Campbell
Stephen B. Taylor
Linda L. House
Kelly L. O'Brien
E. Preston Hatch

INDEPENDENT AUDITOR'S REPORT

To the Plan Trustee
ABSO 401(k) Profit Sharing Plan & Trust
Rocklin, California

We have audited the accompanying statements of net assets available for benefits of ABSO 401(k) Profit Sharing Plan & Trust as of December 31, 2011 and 2010, and the related statements of change in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of ABSO 401(k) Profit Sharing Plan & Trust as of December 31, 2011 and 2010 and the change in net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Notes 3 and 9 to the financial statements, Plan management intends to terminate the Plan in 2012, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of delinquent participant contributions and assets held at end of year, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Campbell Taylor & Company

An Accountancy Corporation

Roseville, California
October 11, 2012

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS:		
Investments, at fair market value, participant directed:		
Money market fund	\$ -	\$ 31,585
Mutual funds	<u>54</u>	<u>305,957</u>
Total investments	<u>54</u>	<u>337,542</u>
Receivables:		
Employee contributions	3,448	1,329
Other	<u>208</u>	<u>-</u>
Net assets available for plan benefits	<u><u>\$ 3,710</u></u>	<u><u>\$ 338,871</u></u>

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

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS:		
Investment income:		
Net realized appreciation		
in fair value of investments	\$ 16,817	\$ 29,370
Interest and dividend income	<u>434</u>	<u>2,704</u>
Total investment income	<u>17,251</u>	<u>32,074</u>
Contributions:		
Employee contributions	13,388	48,299
Other	<u>208</u>	<u>-</u>
Total contributions	<u>13,596</u>	<u>48,299</u>
Total additions	<u>30,847</u>	<u>80,373</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	81,341	53,780
Administrative expenses	<u>470</u>	<u>1,416</u>
Total deductions	<u>81,811</u>	<u>55,196</u>
Transfer to Sterling Infosystems, Inc. 401(k) Plan	<u>284,197</u>	<u>-</u>
Net increase (decrease)	(335,161)	25,177
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year	<u>338,871</u>	<u>313,694</u>
End of year	<u><u>\$ 3,710</u></u>	<u><u>\$ 338,871</u></u>

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

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010**

NOTE 1: DESCRIPTION OF PLAN

The following description of the ABSO 401(k) Profit Sharing Plan & Trust (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 adopted January 1, 2004, as a defined contribution plan established for the benefit of employees of Absolute Hire (the “Plan Sponsor”). Employees of the Plan Sponsor, except for employees covered by a collective bargaining agreement and non-resident aliens, are eligible to enter the Plan once they have attained the age of twenty-one (21) and have completed six months of service. In addition, to be eligible to receive the discretionary employer profit sharing contribution, participants must have more than 500 hours of service during the Plan year.

The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (the “Code”) and similar state tax laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). An employee of the Plan Sponsor serves as the trustee of the Plan.

Effective July 1, 2010, the Plan was amended to allow for hardship distributions.

Plan Year

The Plan year begins January 1st and ends December 31st.

Contributions

The Plan allows for the following types of contributions:

- ***Salary Deferral 401(k) Contributions***

The Plan includes an elective salary deferral arrangement pursuant to section 401(k) of the Code. Employees may voluntarily contribute up to 96% of their eligible compensation, subject to various nondiscrimination tests and limitations prescribed by the Code.

- ***Discretionary Employer Profit Sharing Contributions***

The Plan Sponsor may contribute a discretionary amount each year in the form of a profit sharing contribution. The discretionary contribution is allocated to each eligible participant based on each participant’s eligible compensation as it bears to the total eligible Plan compensation. The Plan Sponsor elected not to make a discretionary profit sharing contribution in 2011 or 2010.

- ***Rollover Contributions***

Participants may make rollover contributions from another qualified plan.

NOTE 1: DESCRIPTION OF PLAN (Continued)

Participant Accounts

The Plan allows participants to self-direct their contributions and accounts between various investment options. Participants are allowed to invest their accounts in any one fund or combination of funds.

Allocations

The Plan provides various investment fund options and allows participants to self-direct their investments. Investment earnings and losses are allocated based on the actual earnings and losses in participants' self-directed accounts.

Vesting

Participants are 100% vested in their salary deferral contributions. Participants vest in employer profit sharing contributions, including investment gains and losses, at the rate of 20% after two years of service and 20% per year of service thereafter.

Forfeitures

Forfeitures may be used to reduce any future Plan Sponsor profit sharing contributions. There were no forfeitures used to reduce any Plan Sponsor profit sharing contributions in 2011 or 2010. Forfeiture amounts totaling \$54 and \$4,271 were available for use for the years ended December 31, 2011 and 2010, respectively.

Notes Receivable from Participants

The Plan allows participants to borrow from their accounts. Loans may not exceed the lesser of \$50,000 or 50% of the participants account balance. Loan terms may be up to five years. Principal and interest are paid through payroll deductions. There were no loans outstanding at December 31, 2011 and 2010.

Retirement

Normal retirement under the Plan is age 65.

Payment of Benefits

Upon termination of service, death, disability, retirement, or attainment of age 59 ½ participants may receive a distribution of the vested interest in their account balance. Benefit payments are made in either single-lump sum payments, installment payments, or partial payments.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan or the Plan Sponsor, at the discretion of the Plan Committee.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition

Mutual funds are stated at fair value which is based on underlying quoted prices when available. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when earned. Dividend income is recorded on the ex-dividend date. Increases in the unit values of investments are reflected in each participant's self directed account. Investments are valued daily.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes

The Plan has adopted a prototype plan which obtained a favorable opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan is acceptable under Section 401 of the Code. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the plan was designed and being operated in compliance with the applicable requirements of the Code during the plan year. 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 Internal Revenue Service. Plan management has determined that as of December 31, 2011 there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2008.

Estimates and Assumptions

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 and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3: TRANSFER OF PLAN ASSETS AND PLAN TERMINATION

The Plan Sponsor was acquired in May 2011 by Sterling Infosystems, Inc. ("the Acquirer"). All participant accounts, totaling \$284,197, were transferred to the Acquirer's 401(k) plan on May 17, 2011. The remaining assets in the ABSO 401(k) Plan as of December 31, 2011 were \$54 in unallocated forfeitures and \$3,656 in receivables. The \$54 forfeitures balance was subsequently transferred to the Acquirer's 401(k) plan on August 6, 2012. Plan management intends to terminate the Plan once the \$3,656 receivable balance is remitted to the Acquirer's 401(k) plan.

NOTE 4: INVESTMENTS

At December 31, 2011, there were no investments that represented 5% or more of net assets available for Plan benefits.

NOTE 4: INVESTMENTS (Continued)

At December 31, 2010, investments included mutual funds and a money market account that represented 5% or more of net assets available for Plan benefits as follows:

	<u>2010</u>
Davis NY Venture	\$ 51,023
Blackrock Global Allocation	\$ 47,563
Blackrock Value Opportunities	\$ 37,903
Merrill Lynch Ready Assets	\$ 31,585
Wells Fargo Advantage Total Return	\$ 31,117
BlackRock Large Cap Value	\$ 29,493
MFS Total Return	\$ 28,690
BlackRock International Value Inv	\$ 23,849
BlackRock Large Cap Core Inv	\$ 23,053

NOTE 5: FAIR VALUE MEASUREMENTS

The Financial Accounting Standards for Fair Value Measurements establish a hierarchy that prioritizes the inputs for valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs include quoted market prices for identical or similar assets or liabilities in active or inactive markets or inputs other than quoted prices that are observable or corroborated by observable market data for the asset or liability; and Level 3 inputs have the lowest priority and are unobservable and significant to the fair value measurement. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Level 1 Fair Value Measurements

Mutual funds have quoted prices in an active market and are valued at the net asset value of shares held by the Plan at year end. The money market fund has underlying short-term investments with quoted prices in an active market to preserve the value of the investment at \$1.00 per share.

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

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

<i>Assets at Fair Value as of December 31, 2011</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Fixed income	\$ 46	\$ -	\$ -	\$ 46
Government	<u>8</u>	<u>-</u>	<u>-</u>	<u>8</u>
Total mutual funds	<u>54</u>	<u>-</u>	<u>-</u>	<u>54</u>
Total assets at fair value	<u>\$ 54</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 54</u>

<i>Assets at Fair Value as of December 31, 2010</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 31,585	\$ -	\$ -	\$ 31,585
Mutual funds:				
Small - cap	52,974	-	-	52,974
Large - cap	157,417	-	-	157,417
Fixed income	31,129	-	-	31,129
International	23,861	-	-	23,861
Government	11,875	-	-	11,875
Specialty	<u>28,701</u>	<u>-</u>	<u>-</u>	<u>28,701</u>
Total mutual funds	<u>305,957</u>	<u>-</u>	<u>-</u>	<u>305,957</u>
Total assets at fair value	<u>\$ 337,542</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 337,542</u>

NOTE 6: FORM 5500 RECONCILIATION

The Plan financial statements include differences from the Form 5500 as follows:

	<u>2011</u>	<u>2010</u>
Contributions per Form 5500	\$ 11,269	\$ 46,970
Employee contributions receivable	-	1,329
Change in employee contributions receivable	<u>2,119</u>	<u>-</u>
Contributions as reported	<u>\$ 13,388</u>	<u>\$ 48,299</u>
	<u>2011</u>	<u>2010</u>
Net assets per Form 5500	\$ 54	\$ 337,542
Employee contributions receivable	3,448	1,329
Other contributions receivable	<u>208</u>	<u>-</u>
Net assets as reported	<u>\$ 3,710</u>	<u>\$ 338,871</u>

NOTE 7: RISKS AND UNCERTAINTIES

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

NOTE 8: PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Merrill Lynch. Merrill Lynch is the broker of the Plan investments and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are recorded in net appreciation in fair value of investments. Fees for certain administrative expenses are paid to Paychex, the third party administrator of the Plan. These investments and transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 9: SUBSEQUENT EVENTS

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 11, 2012, the date the financial statements were available to be issued.

As explained in Note 3, the \$54 forfeiture balance was transferred to the Acquirer's 401(k) Plan on August 6, 2012. Plan management intends to terminate the Plan once the \$3,656 receivable balance is remitted to the Acquirer's 401(k) plan.

SUPPLEMENTARY INFORMATION

ABSO 401(k)
PROFIT SHARING PLAN & TRUST
 EIN: 94-3367098 Plan No. 001

Schedule H, Line 4a -
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 December 31, 2011

Total that Constitute Nonexempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 3,448	\$ 3,448	\$ -	\$ -	\$ -

ABSO 401(k)
PROFIT SHARING PLAN & TRUST
EIN: 94-3367098 Plan No. 001

Schedule H, Line 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2010

Total that Constitute Nonexempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 1,329	\$ 1,329	\$ -	\$ -	\$ -

ABSO 401(k)
PROFIT SHARING PLAN & TRUST
EIN: 94-3367098 Plan No. 001

Schedule H, Line 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2011

(a) Party in Interest	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<i>Mutual Funds</i>				
	Wells Fargo Advantage Total Return	Mutual Fund	\$ -	\$ 46
*	BlackRock Government Inc Inv	Mutual Fund	-	8
	Total mutual funds		-	54
	Total investments		\$ -	\$ 54

* *Party in interest*

Note: Cost basis omitted as all investments are participant directed.

*Financial Statements and
Independent Auditor's Report of*

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

December 31, 2011 and 2010

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1
 FINANCIAL STATEMENTS	
Statements of Net Assets Available for Plan Benefits	2
Statements of Change in Net Assets Available for Plan Benefits	3
Notes to Financial Statements	4 - 9
 SUPPLEMENTARY INFORMATION	
Schedule of Delinquent Participant Contributions (2011)	10
Schedule of Delinquent Participant Contributions (2010)	11
Schedule of Assets Held at End of Year	12



Steven A. Campbell
Stephen B. Taylor
Linda L. House
Kelly L. O'Brien
E. Preston Hatch

INDEPENDENT AUDITOR'S REPORT

To the Plan Trustee
ABSO 401(k) Profit Sharing Plan & Trust
Rocklin, California

We have audited the accompanying statements of net assets available for benefits of ABSO 401(k) Profit Sharing Plan & Trust as of December 31, 2011 and 2010, and the related statements of change in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of ABSO 401(k) Profit Sharing Plan & Trust as of December 31, 2011 and 2010 and the change in net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Notes 3 and 9 to the financial statements, Plan management intends to terminate the Plan in 2012, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of delinquent participant contributions and assets held at end of year, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Campbell Taylor & Company

An Accountancy Corporation

Roseville, California
October 11, 2012

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS:		
Investments, at fair market value, participant directed:		
Money market fund	\$ -	\$ 31,585
Mutual funds	<u>54</u>	<u>305,957</u>
Total investments	<u>54</u>	<u>337,542</u>
Receivables:		
Employee contributions	3,448	1,329
Other	<u>208</u>	<u>-</u>
Net assets available for plan benefits	<u><u>\$ 3,710</u></u>	<u><u>\$ 338,871</u></u>

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

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS:		
Investment income:		
Net realized appreciation		
in fair value of investments	\$ 16,817	\$ 29,370
Interest and dividend income	<u>434</u>	<u>2,704</u>
Total investment income	<u>17,251</u>	<u>32,074</u>
Contributions:		
Employee contributions	13,388	48,299
Other	<u>208</u>	<u>-</u>
Total contributions	<u>13,596</u>	<u>48,299</u>
Total additions	<u>30,847</u>	<u>80,373</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	81,341	53,780
Administrative expenses	<u>470</u>	<u>1,416</u>
Total deductions	<u>81,811</u>	<u>55,196</u>
Transfer to Sterling Infosystems, Inc. 401(k) Plan	<u>284,197</u>	<u>-</u>
Net increase (decrease)	(335,161)	25,177
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year	<u>338,871</u>	<u>313,694</u>
End of year	<u><u>\$ 3,710</u></u>	<u><u>\$ 338,871</u></u>

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

**ABSO 401(k)
PROFIT SHARING PLAN & TRUST**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010**

NOTE 1: DESCRIPTION OF PLAN

The following description of the ABSO 401(k) Profit Sharing Plan & Trust (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 adopted January 1, 2004, as a defined contribution plan established for the benefit of employees of Absolute Hire (the “Plan Sponsor”). Employees of the Plan Sponsor, except for employees covered by a collective bargaining agreement and non-resident aliens, are eligible to enter the Plan once they have attained the age of twenty-one (21) and have completed six months of service. In addition, to be eligible to receive the discretionary employer profit sharing contribution, participants must have more than 500 hours of service during the Plan year.

The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (the “Code”) and similar state tax laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). An employee of the Plan Sponsor serves as the trustee of the Plan.

Effective July 1, 2010, the Plan was amended to allow for hardship distributions.

Plan Year

The Plan year begins January 1st and ends December 31st.

Contributions

The Plan allows for the following types of contributions:

- ***Salary Deferral 401(k) Contributions***

The Plan includes an elective salary deferral arrangement pursuant to section 401(k) of the Code. Employees may voluntarily contribute up to 96% of their eligible compensation, subject to various nondiscrimination tests and limitations prescribed by the Code.

- ***Discretionary Employer Profit Sharing Contributions***

The Plan Sponsor may contribute a discretionary amount each year in the form of a profit sharing contribution. The discretionary contribution is allocated to each eligible participant based on each participant’s eligible compensation as it bears to the total eligible Plan compensation. The Plan Sponsor elected not to make a discretionary profit sharing contribution in 2011 or 2010.

- ***Rollover Contributions***

Participants may make rollover contributions from another qualified plan.

NOTE 1: DESCRIPTION OF PLAN (Continued)

Participant Accounts

The Plan allows participants to self-direct their contributions and accounts between various investment options. Participants are allowed to invest their accounts in any one fund or combination of funds.

Allocations

The Plan provides various investment fund options and allows participants to self-direct their investments. Investment earnings and losses are allocated based on the actual earnings and losses in participants' self-directed accounts.

Vesting

Participants are 100% vested in their salary deferral contributions. Participants vest in employer profit sharing contributions, including investment gains and losses, at the rate of 20% after two years of service and 20% per year of service thereafter.

Forfeitures

Forfeitures may be used to reduce any future Plan Sponsor profit sharing contributions. There were no forfeitures used to reduce any Plan Sponsor profit sharing contributions in 2011 or 2010. Forfeiture amounts totaling \$54 and \$4,271 were available for use for the years ended December 31, 2011 and 2010, respectively.

Notes Receivable from Participants

The Plan allows participants to borrow from their accounts. Loans may not exceed the lesser of \$50,000 or 50% of the participants account balance. Loan terms may be up to five years. Principal and interest are paid through payroll deductions. There were no loans outstanding at December 31, 2011 and 2010.

Retirement

Normal retirement under the Plan is age 65.

Payment of Benefits

Upon termination of service, death, disability, retirement, or attainment of age 59 ½ participants may receive a distribution of the vested interest in their account balance. Benefit payments are made in either single-lump sum payments, installment payments, or partial payments.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan or the Plan Sponsor, at the discretion of the Plan Committee.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition

Mutual funds are stated at fair value which is based on underlying quoted prices when available. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when earned. Dividend income is recorded on the ex-dividend date. Increases in the unit values of investments are reflected in each participant's self directed account. Investments are valued daily.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes

The Plan has adopted a prototype plan which obtained a favorable opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan is acceptable under Section 401 of the Code. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the plan was designed and being operated in compliance with the applicable requirements of the Code during the plan year. 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 Internal Revenue Service. Plan management has determined that as of December 31, 2011 there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2008.

Estimates and Assumptions

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 and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3: TRANSFER OF PLAN ASSETS AND PLAN TERMINATION

The Plan Sponsor was acquired in May 2011 by Sterling Infosystems, Inc. ("the Acquirer"). All participant accounts, totaling \$284,197, were transferred to the Acquirer's 401(k) plan on May 17, 2011. The remaining assets in the ABSO 401(k) Plan as of December 31, 2011 were \$54 in unallocated forfeitures and \$3,656 in receivables. The \$54 forfeitures balance was subsequently transferred to the Acquirer's 401(k) plan on August 6, 2012. Plan management intends to terminate the Plan once the \$3,656 receivable balance is remitted to the Acquirer's 401(k) plan.

NOTE 4: INVESTMENTS

At December 31, 2011, there were no investments that represented 5% or more of net assets available for Plan benefits.

NOTE 4: INVESTMENTS (Continued)

At December 31, 2010, investments included mutual funds and a money market account that represented 5% or more of net assets available for Plan benefits as follows:

	<u>2010</u>
Davis NY Venture	\$ 51,023
Blackrock Global Allocation	\$ 47,563
Blackrock Value Opportunities	\$ 37,903
Merrill Lynch Ready Assets	\$ 31,585
Wells Fargo Advantage Total Return	\$ 31,117
BlackRock Large Cap Value	\$ 29,493
MFS Total Return	\$ 28,690
BlackRock International Value Inv	\$ 23,849
BlackRock Large Cap Core Inv	\$ 23,053

NOTE 5: FAIR VALUE MEASUREMENTS

The Financial Accounting Standards for Fair Value Measurements establish a hierarchy that prioritizes the inputs for valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs include quoted market prices for identical or similar assets or liabilities in active or inactive markets or inputs other than quoted prices that are observable or corroborated by observable market data for the asset or liability; and Level 3 inputs have the lowest priority and are unobservable and significant to the fair value measurement. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Level 1 Fair Value Measurements

Mutual funds have quoted prices in an active market and are valued at the net asset value of shares held by the Plan at year end. The money market fund has underlying short-term investments with quoted prices in an active market to preserve the value of the investment at \$1.00 per share.

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

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

<i>Assets at Fair Value as of December 31, 2011</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Fixed income	\$ 46	\$ -	\$ -	\$ 46
Government	<u>8</u>	<u>-</u>	<u>-</u>	<u>8</u>
Total mutual funds	<u>54</u>	<u>-</u>	<u>-</u>	<u>54</u>
Total assets at fair value	<u>\$ 54</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 54</u>

<i>Assets at Fair Value as of December 31, 2010</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 31,585	\$ -	\$ -	\$ 31,585
Mutual funds:				
Small - cap	52,974	-	-	52,974
Large - cap	157,417	-	-	157,417
Fixed income	31,129	-	-	31,129
International	23,861	-	-	23,861
Government	11,875	-	-	11,875
Specialty	<u>28,701</u>	<u>-</u>	<u>-</u>	<u>28,701</u>
Total mutual funds	<u>305,957</u>	<u>-</u>	<u>-</u>	<u>305,957</u>
Total assets at fair value	<u>\$ 337,542</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 337,542</u>

NOTE 6: FORM 5500 RECONCILIATION

The Plan financial statements include differences from the Form 5500 as follows:

	<u>2011</u>	<u>2010</u>
Contributions per Form 5500	\$ 11,269	\$ 46,970
Employee contributions receivable	-	1,329
Change in employee contributions receivable	<u>2,119</u>	<u>-</u>
Contributions as reported	<u>\$ 13,388</u>	<u>\$ 48,299</u>
	<u>2011</u>	<u>2010</u>
Net assets per Form 5500	\$ 54	\$ 337,542
Employee contributions receivable	3,448	1,329
Other contributions receivable	<u>208</u>	<u>-</u>
Net assets as reported	<u>\$ 3,710</u>	<u>\$ 338,871</u>

NOTE 7: RISKS AND UNCERTAINTIES

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

NOTE 8: PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Merrill Lynch. Merrill Lynch is the broker of the Plan investments and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are recorded in net appreciation in fair value of investments. Fees for certain administrative expenses are paid to Paychex, the third party administrator of the Plan. These investments and transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 9: SUBSEQUENT EVENTS

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 11, 2012, the date the financial statements were available to be issued.

As explained in Note 3, the \$54 forfeiture balance was transferred to the Acquirer's 401(k) Plan on August 6, 2012. Plan management intends to terminate the Plan once the \$3,656 receivable balance is remitted to the Acquirer's 401(k) plan.

SUPPLEMENTARY INFORMATION

ABSO 401(k)
PROFIT SHARING PLAN & TRUST
 EIN: 94-3367098 Plan No. 001

Schedule H, Line 4a -
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 December 31, 2011

Total that Constitute Nonexempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 3,448	\$ 3,448	\$ -	\$ -	\$ -

ABSO 401(k)
PROFIT SHARING PLAN & TRUST
EIN: 94-3367098 Plan No. 001

Schedule H, Line 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2010

Total that Constitute Nonexempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 1,329	\$ 1,329	\$ -	\$ -	\$ -

ABSO 401(k)
PROFIT SHARING PLAN & TRUST
EIN: 94-3367098 Plan No. 001

Schedule H, Line 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2011

(a) Party in Interest	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<i>Mutual Funds</i>				
	Wells Fargo Advantage Total Return	Mutual Fund	\$ -	\$ 46
*	BlackRock Government Inc Inv	Mutual Fund	-	8
	Total mutual funds		-	54
	Total investments		\$ -	\$ 54

* *Party in interest*

Note: Cost basis omitted as all investments are participant directed.