

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>ONESOURCE 401(K)/PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ► <u>333</u> 1c Effective date of plan <u>01/01/2000</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ODYSSEY ONE SOURCE, INC.</u> <u>204 NORTH ECTOR DRIVE</u> <u>EULESS, TX 76039</u>	2b Employer Identification Number (EIN) <u>75-2569853</u> 2c Sponsor's telephone number <u>800-580-3090</u> 2d Business code (see instructions) <u>812990</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>10/16/2012</u>	<u>JAMES A MUTZ</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") ODYSSEY ONE SOURCE, INC. 204 NORTH ECTOR DRIVE EULESS, TX 76039	3b Administrator's EIN 75-2569853 3c Administrator's telephone number 800-580-3090
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	5132
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	5109
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	390
d Subtotal. Add lines 6a , 6b , and 6c	6d	5499
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	5499
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	2499
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	52

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

2E 2F 2G 2J 2K 2T

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 ONESOURCE 401(K)/PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 ODYSSEY ONE SOURCE, INC.	D Employer Identification Number (EIN) 75-2569853	

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

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	VARIOUS	2499	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
473022	225367

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

LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
444051			4

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

PINNACLE FINANCIAL SERVICES
1177 HYPOLUXO ROAD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	136373	TPA SUBSIDY	5

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

PINNACLE FINANCIAL SERVICES

1177 HYPOLUXO ROAD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	58455	TPA AWARDS	5

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

FIRST ODYSSEY GROUP

204 N ECTOR DRIVE
EULESS, TX 76039

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	18000	PLAN EXPENSES	0

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

GREGORY, SUZANNE J

1402 W HOUSTON
SHERMAN, TX 75092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15879			4

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

LINCOLN FINANCIAL ADVISORS

1300 S. CLINTON ST, STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9218	NON-MONETARY COMP TO SALES REP	4

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

MORGAN JR, HENRY A

PO BOX 12117
DALLAS, TX 75225

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6312			4

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

WORLD EQUITY GROUP INC

1650 N ARLINGTON HEIGHTS RD
ARLINGTON HTS, IL 60004-3962

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2915			4

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

GREGORY, SUZANNE J

1402 W HOUSTON
SHERMAN, TX 75092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1699	MARKETING ALLOWANCE	4

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

SOUTHWEST INSURANCE AGENCY, INC

1201 ELMS ST, STE 3500
DALLAS, TX 75270

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1247			4

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

J R C LIFE AGENCY INC

12841 JONES RD #110
HOUSTON, TX 77070

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1060			4

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

PALMER, VANDI A

811 EAGLE PASS
HEATH, TX 75032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
651			4

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

MORGAN KEEGAN AND CO INC

ATTN MELINDA PATRICK
50 N FRONT ST FL 6
MEMPHIS, TN 38103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
544			4

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

FIRST ALLIED SECURITIES INC

UNIT 109
113 MILL PL PKWY
VERONA, VA 24482

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
336			4

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

SOUTHWEST INSURANCE AGENCY, INC

1201 ELM ST, STE 3500
DALLAS, TX 75270-2108

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

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

PALMER VANDI A

811 EAGLE PASS
HEATH, TX 75032

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

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

J R C LIFE AGENCY INC

12841 JONES RD #110
HOUSTON, TX 77070

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

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

PINNACLE FINANCIAL SERVICES INC

1177 HYPOLUXO ROAD
LANTANA, FL 33462

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

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

MORGAN KEEGAN & CO INC

ATTN MELINDA KILPATRICK
50 N FRONT ST FL 6
MEMPHIS, TN 38103

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

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

MORGAN JR, HENRY A

PO BOX 12117
DALLAS, TX 75225

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

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

FIRST ALLIED SECURITIES INC

UNIT 109
113 MILL PL PKWY
VERONA, VA 24482

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

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

GREGORY, SUZANNE J

1402 W HOUSTON
SHERMAN, TX 75092

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

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

MORGAN JR, HENRY A

PO BOX 12117
DALLAS, TX 75270

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

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

TRANSAMERICA FINANCIAL ADVISOR

570 CARILLON PKWY
ST. PETERSBURG, FL 33716-1202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			4

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

WORLD EQUITY GROUP INC

1650 N ARLINGTON HEIGHTS RD
ARLINGTON HTS, IL 60004-3962

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

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

PALMER, VANDI A

811 EAGLE PASS
HEATH, TX 75032

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

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

MORGAN KEEGAN & CO INC

ATTN MELINDA KILPATRICK
50 N FRONT ST FL 6
MEMPHIS, TN 38103

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

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

J R C LIFE AGENCY INC

12841 JONES RD #110
HOUSTON, TX 77070

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

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

FIRST ALLIED SECURITIES INC

UNIT 109
113 MILL PL PKWY
VERONA, VA 24482

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

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

SOUTHWEST INSURANCE AGENCY

1201 ELM ST, STE 3500
DALLAS, TX 75270

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

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

TRANSAMERICA FINANCIAL ADVISOR

570 CARILLON PKWY
ST. PETERSBURG, FL 33716-1202

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

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

TRANSAMERICA FINANCIAL ADVISOR

570 CARILLON PKWY
ST. PETERSBURG, FL 33716-1202

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

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	1840108
5 Current value of plan's interest under this contract in separate accounts at year end	5	59471587

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 ▶ **GUARANTEED FIXED**

b Balance at the end of the previous year	7b	1193288
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c Additions: (1) Contributions deposited during the year	7c(1)	254132	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	35380	
(4) Transferred from separate account	7c(4)	611597	
(5) Other (specify below)	7c(5)	6034	

▶ **LOAN PRINCIPAL & INTEREST**

(6) Total additions	7c(6)	907143
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d Total of balance and additions (add b and c(6))	7d	2100431
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	249439	
(2) Administration charge made by carrier	7e(2)	10883	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	3	

▶ **TRANSFER OUT**

(5) Total deductions	7e(5)	260325
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f Balance at the end of the current year (subtract e(5) from d)	7f	1840106
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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)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 ONESOURCE 401(K)/PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 ODYSSEY ONE SOURCE, INC.	D Employer Identification Number (EIN) 75-2569853	

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
LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	401840	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PINNACLE FINANCIAL SERVICES INC

59-2438373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SERVICE PROVIDER	104432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STADION MONEY MANAGEMENT

58-2099805

(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?
26	SERVICE PROVIDER	320270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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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>ONESOURCE 401(K)/PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ODYSSEY ONE SOURCE, INC.</u>	D Employer Identification Number (EIN) <u>75-2569853</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOVERNMENT/CORPORATE BOND</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-112</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-114</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>6415556</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MEDIUM CAP EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-117</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>382731</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HIGH YIELD BOND</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-120</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>1320355</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP SSGA S & P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-127</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>6211585</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VALUE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-128</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>117661</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP DEL SOCIAL AWARENESS</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-133</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>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1894312
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS INVESTMENT CO OF AME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183720
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 939888
a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS GLOBAL REAL EST		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 275809
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP OVERSEAS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3277425
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK CAPITAL APPRECIATION		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-181	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 638794
a Name of MTIA, CCT, PSA, or 103-12 IE: AC VP INFLATION PROTECT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1665582
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP EMERGING MARKETS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1006202
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE FOUNDATION CONSERVATI		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105843
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DELAWARE FOUNDATION MODERATE P		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-196	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120658

a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP DELAWARE FOUNDATION AGGRESSIVE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52297
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP PROTECTED PROF 2010](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13815
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP PROTECTED PROF 2020](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30297
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP PROTECTED PROF 2030](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112407
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP PROTECTED PROF 2040](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176192
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STADION MANAGED CONSERVATIVE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-705	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1119540
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STADION MANAGED MODERATE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9594771
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STADION MANAGED GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6891561
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP SSGA INTERNATIONAL INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP SSGA BOND INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5624074
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LVIP DEL SPECIAL OPP](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 582430
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA RUSSELL 1000 VALUE INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2997263
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA RUSS LC GR IX NON-LN](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2054781
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA RUSSELL S & P MIDCAP INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2357835
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA RUSSELL SMALL CAP VALUE INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-714	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 907354
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA RUSS SC GR IX NON-LN](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 757812
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERFUND AMER HIGH INC](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-716	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO TOTAL RETURN](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1643037
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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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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 ONESOURCE 401(K)/PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 ODYSSEY ONE SOURCE, INC.	D Employer Identification Number (EIN) 75-2569853	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	669854	872160
(2) Participant contributions	1b(2)	484256	299471
(3) Other.....	1b(3)	94858	69621
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)	2041590	2081365
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	59847263	59471587
(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)	1193290	1840108
(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	64331111	64634312

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	146856	176157
k Total liabilities (add all amounts in lines 1g through 1j)	1k	146856	176157

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	64184255	64458155
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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)	3883311	
(B) Participants	2a(1)(B)	8722115	
(C) Others (including rollovers)	2a(1)(C)	347747	
(2) Noncash contributions	2a(2)		12953173
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	89081	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		89081
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2744601
(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		1754629
d Total income. Add all income amounts in column (b) and enter total.....	2d		12052282

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7633420	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	2176503	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9809923
f Corrective distributions (see instructions)	2f		181631
g Certain deemed distributions of participant loans (see instructions).....	2g		63332
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	399013	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	105397	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		504410
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10559296

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1492986
l Transfers of assets:			
(1) To this plan.....	2l(1)		4417346
(2) From this plan	2l(2)		5636432

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **MAYER HOFFMAN MCCANN P.C.**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
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		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5b(1) Name of plan(s)

	5b(2) EIN(s)	5b(3) PN(s)
ADMINISTAFF 401(K) PLAN	76-0178498	001
K & L CLUTCH & TRANSMISSION, INC 401(K) PS PLAN	75-2094174	001
LEE TRANSERVICES, INC. 401(K) SAVINGS PLAN	94-3423820	003
MISSION WELL SERVICES, LLC 401(K) PLAN	27-4453536	001

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5b(1) Name of plan(s)

	5b(2) EIN(s)	5b(3) PN(s)
WRIGHT BUSINESS TECHNOLOGIES, INC 401(K) SAVINGS PLAN	22-3888806	002
ROUND2, INC 401(K) PLAN	26-3923020	001
SWS RE-DISTRIBUTION COMPANY 401(K) PLAN	75-1040825	001
THOMAS BUSIC, M.D., PA 401(K) PS PLAN & TRUST	26-1295288	001

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5b(1) Name of plan(s)

USA ENVIRONMENT, LP 401(K) PS PLAN & TRUST

5b(2) EIN(s)	5b(3) PN(s)
76-0673714	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>ONESOURCE 401(K)/PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ODYSSEY ONE SOURCE, INC.</u>	D Employer Identification Number (EIN) <u>75-2569853</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
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>35-0472300</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)
----------------	--

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

Part III	Amendments
-----------------	-------------------

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ONESOURCE
401(k)/PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010



Mayer Hoffman McCann P.C.

An Independent CPA Firm

Goldstein Lewin Division

1675 N. Military Trail, Fifth Floor

Boca Raton, Florida 33486

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
OneSource 401(k)/Profit Sharing Plan
Eulless, Texas

We were engaged to audit the accompanying statements of net assets available for benefits of the OneSource 401(k)/Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 5, which was certified by Lincoln National Life Insurance Company, the custodian of the Plan (the "Custodian"), 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 certifications from the Custodian as of December 31, 2011 and 2010 and for the years then ended, 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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Mayer Hoffman McCann P.C.

Boca Raton, Florida
October 10, 2012

ONESOURCE 401(k)/PROFIT SHARING PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
<u>ASSETS</u>		
Investments at fair value:		
Pooled separate accounts	\$ 59,471,587	\$ 59,847,263
Guaranteed interest account	<u>1,840,108</u>	<u>1,193,290</u>
	<u>61,311,695</u>	<u>61,040,553</u>
Receivables:		
Notes receivable from participants	2,081,365	2,041,590
Employer contributions	872,160	669,854
Participant contributions	299,471	484,256
Other	<u>69,621</u>	<u>94,858</u>
	<u>3,322,617</u>	<u>3,290,558</u>
 TOTAL ASSETS	 64,634,312	 64,331,111
<u>LIABILITIES</u>		
Refundable excess contributions	<u>176,157</u>	<u>146,856</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 64,458,155</u></u>	 <u><u>\$ 64,184,255</u></u>

See Notes to Financial Statements

ONESOURCE 401(k)/PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 5,233,691
Other	<u>25,812</u>	<u>45,807</u>
	<u>25,812</u>	<u>5,279,498</u>
Interest income on notes receivable from participants	<u>89,081</u>	<u>86,563</u>
Contributions:		
Employer	3,883,311	3,328,796
Participants	8,722,115	7,944,369
Rollovers	<u>347,747</u>	<u>813,617</u>
	<u>12,953,173</u>	<u>12,086,782</u>
TOTAL ADDITIONS	<u>13,068,066</u>	<u>17,452,843</u>
DEDUCTIONS:		
Net depreciation in fair value of investments	2,744,601	-
Benefits paid to participants	8,194,927	7,809,666
Administrative expenses	<u>812,297</u>	<u>495,671</u>
TOTAL DEDUCTIONS	<u>11,751,825</u>	<u>8,305,337</u>
NET INCREASE BEFORE PLAN TRANSFERS	<u>1,316,241</u>	<u>9,147,506</u>
PLAN TRANSFERS		
Transfers in from other plans	4,417,346	6,594,345
Transfers out to other plans	<u>(5,459,687)</u>	<u>(1,562,410)</u>
PLAN TRANSFERS, net	<u>(1,042,341)</u>	<u>5,031,935</u>
NET INCREASE	273,900	14,179,441
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>64,184,255</u>	<u>50,004,814</u>
End of year	<u><u>\$ 64,458,155</u></u>	<u><u>\$ 64,184,255</u></u>

See Notes to Financial Statements

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the OneSource 401(k)/Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established January 1, 2000 by Odyssey One Source, Inc. (the "Company"), a professional employer organization ("PEO"). A PEO provides a comprehensive, bundled outsourcing solution, including payroll, human resources, benefits and workers' compensation to its clients. To reflect the co-employment relationship between the Company, its adopting affiliated companies, if any, and the other employers and employees, the Company deemed it advisable and in the best interests of the employees that the Plan qualify as a multiple employer plan. Employers in a multiple employer plan may have different benefit formulas for their participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer. Eligible employees of the Company and its adopting affiliated companies and other employers may enter the Plan on entry dates coinciding with or following the date on which those employees meet the eligibility requirements as outlined within their respective employer's adoption agreement. Those entry dates are generally on a quarterly basis. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In August 2011, the Company was acquired by another entity (the "Acquisition"), which resulted in a change of ownership of the Company. Participant benefits under the Plan were not affected by the Acquisition.

Plan amendments - Effective October 1, 2010, the Plan was amended to allow for participants to make Roth 401(k) deferrals and for participants to make direct rollovers into the Plan from another qualified Roth elective deferral account if the adopting employer elects these options in their adoption agreement. Additionally during 2010, the Plan was amended to comply with recently enacted changes in law and for various other administrative changes, as outlined in the corresponding amendments to the plan document.

Effective January 1, 2011 the Plan changed its name from Odyssey OneSource 401(k)/Profit Sharing Plan to OneSource 401(k)/Profit Sharing Plan.

Plan administration - The Plan is administered by the Company pursuant to the terms and conditions of the Plan and trust. Under the terms of the Plan, a group of designated employees of the Company act as trustees.

The Company has contracted with Lincoln National Life Insurance Company ("Lincoln") under a group variable annuity contract to act as the Plan's custodian. Lincoln will invest each participant's account balance in separate pooled accounts, or its general account in the case of the guaranteed interest account, as instructed by each participant. The Company has contracted with Pinnacle Financial Services, Inc. ("Pinnacle") to act as the Plan's third party administrator.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions - Participant deferral contributions can be a specific dollar amount or as a whole percentage of the participant's eligible earnings, up to 50% of pretax annual compensation, as defined in the plan document, and subject to Internal Revenue Code (the "Code") limitations. Participant contributions are recorded in the period during which the employer makes payroll deductions from the participants' earnings. Participants may change their contribution percentages at any time or may elect to completely suspend contributions at any time.

Participants may also contribute amounts representing distributions (rollovers) from other tax qualified plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions, as defined in the plan document. Participant catch-up contributions shall count as deferral contributions for purposes of determining the employer's matching contributions and safe harbor contributions. All participant contributions are deposited in the appropriate investment funds in accordance with the participant's direction and the Plan's provisions.

An employer may make discretionary matching contributions equal to a specified percentage of the amount of contributions made by Plan participants, if so elected in the adoption agreement. An employer may also make a discretionary profit-sharing contribution at an amount determined in accordance with the formula specified in the adoption agreement, if so elected in the adoption agreement. An employer may also elect to make safe harbor contributions intended to meet the requirements of Section 401(k)(12) of the Code, if so elected in the adoption agreement. If an employer has elected to make a safe harbor contribution, the employer shall provide each participant with written notice of the participant's rights and obligations under the Plan. Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate employer contributions applicable to the years ended December 31, 2011 and 2010 amounted to \$3,883,311 and \$3,328,796, respectively. Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions.

Participant investment account options - Upon enrollment in the Plan, a participant may direct contributions into any of the investment options available in the Plan. Initially, a participant's funds are invested in a Stadion managed account as determined by the plan administrator based upon the age of the participant, until such time as the participant elects to direct contributions into other investment options. The Plan currently offers various pooled separate accounts and a guaranteed interest account as investment options for participants.

Participant accounts - Each participant's account is credited with the participant's contributions and allocations of the respective employer's contributions, if any, and Plan earnings. Allocations are based on participant earnings or account balances, as defined in the plan document. Additionally, participant accounts are charged with certain Plan fees (see Note 3). The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Vesting - Participants are immediately vested in their own contributions plus actual earnings thereon. Employer contributions made on behalf of a participant, and earnings thereon, vest in accordance with the schedule specified in the corresponding employer's adoption agreement. Employers may also elect to make safe harbor contributions with automatic enrollment. Upon making this election, the safe harbor contributions become fully vested after two years of service unless the employer elects to allow the contributions to immediately vest in the participants' accounts.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000, reduced by the highest outstanding balance of a Plan note to the participant during the twelve month period ending on the day before the note is made, or 50% of the vested portion of the participant's account balance. Participants may only have one outstanding note at any given time.

The notes are secured by the vested balance in the participant's account, are payable through payroll withholdings, and bear interest at the interest rates as determined by the plan administrator. Participants may elect a repayment term on any pay period schedule, at least monthly, up to 5 years, unless the note is used for the purchase of a primary residence in which case the maximum repayment period is 10 years. In the case of notes transferred into the Plan in a trustee to trustee transfer, the terms existing before the transfer will be honored.

Payment of benefits - On termination of service due to death, disability, retirement, or other reasons, or qualifying under certain "hardship" rules, as prescribed by the Internal Revenue Service, a participant may receive distributions from the Plan equal to the value of the participant's vested interest in his or her account. Distributions may be in the form of a lump-sum payment, or a rollover into another qualified plan. Additionally, participants reaching 59 ½ years of age may receive in-service distributions from the Plan.

Forfeited accounts - The Plan allows for forfeitures of non-vested terminated participant account balances attributable to employer matching or profit-sharing contributions. As of December 31, 2011 and 2010, forfeited non-vested accounts totaled \$86,573 and \$106,174, respectively. These accounts may be used to reduce Plan expenses, future employer matching contributions or any profit-sharing contributions. Employer contributions were reduced by \$37,217 and \$634 from forfeited non-vested accounts during the years ended December 31, 2011 and 2010, respectively. In addition, forfeited account balances totaling \$44,711 and \$13,396, were transferred to successor plans during 2011 and 2010, respectively.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Basis of accounting (continued) -

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present fair value of the investment contract, which approximated contract value at December 31, 2011 and 2010. The statements of changes in net assets available for benefits are prepared on the contract value basis.

Use of estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

New accounting pronouncement - The following new accounting pronouncement was adopted during the year ended December 31, 2011:

Fair value disclosures - In January 2010, the Financial Accounting Standards Board ("FASB") issued guidance which expanded the required disclosures about fair value measurements. This guidance requires information about purchases, sales, issuances and settlements to be presented separately in the reconciliation for Level 3 fair value measurements and is effective for fiscal years beginning after December 15, 2010. Net assets available for benefits and changes in net assets available for benefits of the Plan were not affected by the adoption of the new guidance.

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. See Note 6 for discussions of fair value measurements.

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the plan document.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Unit values - Individual participant accounts for the pooled separate accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

Payment of benefits - Benefits are recorded when paid.

Reclassification – Certain items from the 2010 financial statements have been reclassified to conform with the 2011 presentation.

(3) Plan fees

Certain administrative fees of the Plan are paid for by the plan sponsor and are not included in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2011 and 2010. Other administrative fees, as described below, are paid for by the Plan and aggregated \$812,297 and \$495,671 for the years ended December 31, 2011 and 2010, respectively.

Lincoln asset charges - Asset charges are fees deducted from account balances to cover the costs of providing individual investment accounts in the group variable annuity contract. Services provided include trust accounting for the investment options, daily account investment transfers, quarterly account statements including a newsletter, the internet service center to monitor and control investments, a customer service center, and a 24 hour toll free telephone voice response system. The annualized asset charge for the Plan's participants is 0.33%.

Pinnacle administration fees - Pinnacle provides annual recordkeeping, tax reporting, and testing services to assist in maintaining compliance with Internal Revenue Service and Department of Labor laws and regulations. A fee of \$5.00 per quarter is billed to each participant's account. Participants from whom the Plan has a note receivable are charged \$75 at the time the note is taken and \$55 annually until the note is fully repaid. Additionally, certain other fees are assessed to participants taking distributions from the Plan. Pinnacle also charges a fee based on basis points ranging from 0.03% to 0.51% based on the size of the client contract.

Investment account management fees - Investment management fees are charges to cover daily valuation and pricing for the investments underlying the separate accounts included in the Plan. These fees vary by type of account and are based upon the degree of complexity. This fee is assessed daily in the unit value calculations and is not shown as a specific deduction on participants' statements. The investment account fee does not apply to the guaranteed interest account. The annual investment fees for the Plan's investments, excluding the guaranteed interest account, range from 0% to 0.55% of assets.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Plan fees (continued)

Mutual fund management fees - Mutual fund management fees are charges to cover investment management, research, and trading costs associated with the underlying mutual funds included in the pooled separate accounts. These fees vary by type of account and are based upon the degree of complexity. This fee is assessed daily in the unit value calculations and is not shown as a specific deduction on participants' statements. The investment account fee does not apply to the guaranteed interest account. The annual investment fees for the Plan's investments, excluding the guaranteed interest account, range from 0.05% to 1.30% of assets.

Stadion Money Management fees – Stadion Money Management fees are charges to cover professional management fees for Stadion managed accounts. Participants who invest in Stadion's accounts are charged an annual fee of 0.75% of their balances in these accounts. Participants may elect to self-manage their funds in these accounts and avoid this fee assessment.

(4) Investments

The following investments represent 5% or more of the Plan's net assets:

	December 31,	
	2011	2010
Stadion Managed Moderate SATM	\$ 9,594,773	\$ 10,239,759
Stadion Managed Growth SATG	6,891,657	7,907,421
Short Term SA14	6,415,833	7,119,261
LVIP SSgA S&P 500 Index SA27	6,211,634	6,477,623
LVIP SSgA Bond Index SAL6	5,624,131	4,646,786
Fidelity VIP Overseas SA59	3,277,448	*
LVIP SSgA Internat'l Index SAL5	*	4,255,710

* Not applicable, investment amount is below 5%.

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	Years Ended December 31,	
	2011	2010
Pooled separate accounts	\$ (2,770,368)	\$ 5,189,277
Guaranteed interest account	25,767	44,414
	<u>\$ (2,744,601)</u>	<u>\$ 5,233,691</u>

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Information prepared and certified by the custodian

Lincoln, the custodian of the Plan's assets, managed and executed all investment transactions during 2011 and 2010. The Plan's assets at December 31, 2011 and 2010 are invested in pooled separate accounts, with the exception of the guaranteed interest account, which is in the general account of The Lincoln Director group variable annuity contract issued by Lincoln (see Note 8).

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments at fair and contract value
- Notes receivable from participants
- Net appreciation (depreciation) in fair value of investments
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

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

(6) Fair value measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(6) Fair value measurements (continued)

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

The 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.

Pooled separate accounts: Valued at fair value. The fair value of units of an underlying pooled separate account ("PSA") equals the number of shares of the respective underlying PSA multiplied by the net asset value per share quoted by the PSA.

Guaranteed interest account: Valued at the ratio of the fair value to the amortized cost of the investments in the insurance company's general account as reported by the insurance company's audited financial statements (see Note 8).

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

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

Investments at Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Balanced	\$ -	\$ 278,798	\$ -	\$ 278,798
Domestic equity options	-	10,039,650	-	10,039,650
Fixed income	-	16,668,939	-	16,668,939
International/global equity	-	3,277,448	-	3,277,448
Large cap blend	-	6,211,634	-	6,211,634
Large cap blend				
- international	-	939,888	-	939,888
Large cap growth	-	638,794	-	638,794
Large cap value	-	117,661	-	117,661
Large cap core	-	183,720	-	183,720
Mid cap value				
- international	-	1,006,202	-	1,006,202
Mixed asset target	-	332,711	-	332,711
Real estate	-	275,809	-	275,809
Small cap blend	-	1,894,322	-	1,894,322
Target asset:				
Conservative	-	1,119,581	-	1,119,581
Growth	-	6,891,657	-	6,891,657
Moderate	-	9,594,773	-	9,594,773
Total pooled				
separate accounts	-	59,471,587	-	59,471,587
Guaranteed interest account	-	-	1,840,108	1,840,108
Total investments				
at fair value	\$ -	\$ 59,471,587	\$ 1,840,108	\$ 61,311,695

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(6) Fair value measurements (continued)

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

	Investments at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Balanced	\$ -	\$ 289,090	\$ -	\$ 289,090
Domestic equity options	-	10,123,113	-	10,123,113
Fixed income	-	14,443,876	-	14,443,876
International/global equity	-	4,255,710	-	4,255,710
Large cap blend	-	6,804,362	-	6,804,362
Large cap blend				
- international	-	643,618	-	643,618
Large cap growth	-	574,616	-	574,616
Large cap value	-	78,288	-	78,288
Mid cap value				
- international	-	1,139,648	-	1,139,648
Mixed asset target	-	197,318	-	197,318
Real estate	-	192,865	-	192,865
Small cap blend	-	2,023,127	-	2,023,127
Target asset:				
Conservative	-	934,453	-	934,453
Growth	-	7,907,421	-	7,907,421
Moderate	-	10,239,758	-	10,239,758
Total pooled				
separate accounts	-	59,847,263	-	59,847,263
Guaranteed interest account	-	-	1,193,290	1,193,290
Total investments				
at fair value	\$ -	\$ 59,847,263	\$ 1,193,290	\$ 61,040,553

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investment (guaranteed interest account) for the years ended December 31, 2011 and 2010:

	Level 3 Investment	
	Years Ended December 31,	
	2011	2010
Balance, beginning of year	\$ 1,193,290	\$ 1,640,912
Net appreciation relating to instruments held at the reporting date	25,767	44,414
Purchases	881,376	320,656
Settlements	(260,325)	(812,692)
Balance, end of year	\$ 1,840,108	\$ 1,193,290

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(6) Fair value measurements (continued)

Net appreciation relating to instruments held at the reporting date for the years ended December 31, 2011 and 2010 as shown above is reported in net appreciation (depreciation) in fair value of investments on the accompanying statements of changes in net assets available for benefits.

(7) Net asset value ("NAV") per share

In accordance with Accounting Standards Update No. 2009-12, the Plan expanded its disclosures to include the category, fair value, unfunded commitments, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net asset value per share as of December 31, 2011 and 2010.

The following table as of December 31, 2011 and 2010, sets forth a summary of the Plan's investments with a reported NAV.

	<u>Fair Value*</u> <u>12/31/2011</u>	<u>Fair Value*</u> <u>12/31/2010</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice</u> <u>Period</u>
Pooled separate accounts	\$ 59,471,587	\$ 59,847,263	\$ -	Daily	None

* The fair values of the investments have been estimated using the net asset value of the investments.

(8) Guaranteed interest account with insurance company

The Plan has a fully benefit-responsive guaranteed investment contract with Lincoln. Lincoln maintains the contributions in a general account. The guaranteed investment contract consists primarily of bonds and mortgages. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and interest under the terms of the contract.

Contributions received each quarter are credited with the new money interest rate, as described below, during the current quarter and the next three succeeding quarters. Interest rates are declared three weeks before each quarter for (a) contributions received during the current quarter (called the new money interest rate), and (b) contributions for which initial guarantees have expired (called the portfolio interest rate). Initial guarantees expire on contributions made four quarters ago and prior. The portfolio rate is based on the performance of Lincoln's general account. The interest rate credited is a blended rate based on the total interest earned under the contract. At December 31, 2011 and 2010, the blended rate was 3.37% and 3.71%, respectively.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(8) Guaranteed interest account with insurance company (continued)

Because the guaranteed investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statements of net assets available benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. At December 31, 2011 and 2010, contract value approximated fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

(9) Refundable excess contributions

Certain adopting employers within the Plan failed limitation and discrimination tests in connection with participant contributions applicable to the years ended December 31, 2011 and 2010. Accordingly, the Plan has recorded refundable excess contributions in the amounts of \$176,157 and \$146,856 on the accompanying statements of net assets available for benefits at December 31, 2011 and 2010, respectively.

(10) Parties-in-interest transactions

The Plan's investments are shares of pooled separate accounts and a guaranteed interest account managed by Lincoln. Lincoln is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid to Lincoln by the Plan totaled \$399,013 and \$343,788 for the years ended December 31, 2011 and 2010, respectively. Additionally, certain recordkeeping and other services to the Plan were provided by Pinnacle. Fees paid to Pinnacle for the years ended December 31, 2011 and 2010 totaled \$105,397 and \$81,617, respectively. See Note 3 for a description of various fees paid to Lincoln and Pinnacle.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(11) **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 would become 100% vested in their employer contributions.

(12) **Tax status**

The Internal Revenue Service has determined and informed the Company by a letter dated December 10, 2008, that the Plan and related trust are designed in accordance with the applicable sections of the Code. Although the Plan has been amended since receiving this letter, the plan administrator and the Plan's tax counsel believe that the Plan and related trust are currently designed and continues to operate in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(13) **Plan transfers**

During 2011 and 2010, employers joined the Company and adopted the Plan. Some of these employers had existing plans which covered their eligible employees, and the assets of those plans were transferred into the Plan. Net assets transferred into the Plan from other plans during 2011 and 2010 amounted to \$4,417,346 and \$6,594,345, respectively.

During 2011 and 2010, several employers terminated their relationship with the Company and therefore separated from the Plan. Accordingly, net assets associated with these terminations transferred out of the Plan during 2011 and 2010 amounted to \$5,459,687 and \$1,562,410, respectively.

(14) **Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, 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 statements of net assets available for benefits.

ONESOURCE 401(k)/PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

(15) Reconciliation of financial statements to Schedule H of Form 5500

The differences between the information reported in Schedule H of Form 5500 for the years ended December 31, 2011 and 2010 and the accompanying statements of changes in net assets available for benefits arise primarily from classifications of investment income and benefits paid to participants.

(16) Subsequent events

The Plan has evaluated subsequent events through October 10, 2012, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULE

ONESOURCE 401(k)/PROFIT SHARING PLAN

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

December 31, 2011

EIN: 75-2569853

Plan number: 333

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Identity of issue, borrower, lessor, or similar party			
	<u>Pooled separate accounts:</u>			
*	Lincoln	Stadion Managed Moderate SATM	(1) \$	9,594,773
*	Lincoln	Stadion Managed Growth SATG		6,891,657
*	Lincoln	Short Term SA14		6,415,833
*	Lincoln	LVIP SSgA S&P 500 Index SA27		6,211,634
*	Lincoln	LVIP SSgA Bond Index SAL6		5,624,131
*	Lincoln	Fidelity VIP Overseas SA59		3,277,448
*	Lincoln	SSgA Russ LC VI Ix Non-Ln SAL8		2,997,279
*	Lincoln	SSgA S&P MidCp Idx Non-Ln SALA		2,357,847
*	Lincoln	SSgA Russ LC Gr Ix Non-Ln SAL9		2,054,792
*	Lincoln	LVIP SSgA Small-Cap Index SA36		1,894,322
*	Lincoln	AC VP Inflation Protect SA92		1,665,582
*	Lincoln	Pimco Total Return		1,643,037
*	Lincoln	High Yield Bond SA20		1,320,355
*	Lincoln	Stadion Mgd Conservative SATC		1,119,581
*	Lincoln	Del VIP Emerging Markets SA94		1,006,202
*	Lincoln	AmerFunds EuroPac Growth SA54		939,888
*	Lincoln	SSgA Russ SC VI Ix Non-Ln SALB		907,361
*	Lincoln	SSgA Russ SC Gr Ix Non-Ln SALC		757,819
*	Lincoln	BlackRock Capital App SA81		638,794
*	Lincoln	LVIP Delaware Special Opp SAL7		582,430
*	Lincoln	Medium Cap Equity SA17		382,731
*	Lincoln	Cohen & Steers Gbl REIT SA55		275,809
*	Lincoln	AmerFunds Invest Co Amer SA49		183,720
*	Lincoln	LVIP Wlsh 2040 SAL4		176,192
*	Lincoln	LVIP Del Fndtn ModeratAll SA96		120,658
*	Lincoln	Value Equity SA28		117,661
*	Lincoln	LVIP Wlsh 2030 SAL3		112,407
*	Lincoln	LVIP Del Fndtn ConservAll SA95		105,234
*	Lincoln	LVIP Del Fndtn AggressAll SA97	↓	52,297

ONESOURCE 401(k)/PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2011

EIN: 75-2569853

Plan number: 333

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Identity of issue, borrower, lessor, or similar party				
<u>Pooled separate accounts (continued):</u>				
*	Lincoln	LVIP Wish 2020 SAL2	(1) \$	30,297
*	Lincoln	LVIP Wish 2010 SAL1	↓	<u>13,816</u>
		Total pooled separate accounts		59,471,587
<u>General account:</u>				
*	Lincoln	Guaranteed Interest Account	(1)	<u>1,840,108</u>
				<u>\$ 61,311,695</u>
*	Notes receivable from participants, maturing through June 2022, with interest rates ranging from 4.25% to 10.50%.		-	<u>\$ 2,081,365</u>

* Party-in-interest as defined by ERISA

(1) Cost information may be omitted for plan assets which are participant-directed.

ONESOURCE 401(k)/PROFIT SHARING PLAN

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

December 31, 2011

EIN: 75-2569853

Plan number: 333

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Identity of issue, borrower, lessor, or similar party			
	<u>Pooled separate accounts:</u>			
*	Lincoln	Stadion Managed Moderate SATM	(1) \$	9,594,773
*	Lincoln	Stadion Managed Growth SATG		6,891,657
*	Lincoln	Short Term SA14		6,415,833
*	Lincoln	LVIP SSgA S&P 500 Index SA27		6,211,634
*	Lincoln	LVIP SSgA Bond Index SAL6		5,624,131
*	Lincoln	Fidelity VIP Overseas SA59		3,277,448
*	Lincoln	SSgA Russ LC VI Ix Non-Ln SAL8		2,997,279
*	Lincoln	SSgA S&P MidCp Idx Non-Ln SALA		2,357,847
*	Lincoln	SSgA Russ LC Gr Ix Non-Ln SAL9		2,054,792
*	Lincoln	LVIP SSgA Small-Cap Index SA36		1,894,322
*	Lincoln	AC VP Inflation Protect SA92		1,665,582
*	Lincoln	Pimco Total Return		1,643,037
*	Lincoln	High Yield Bond SA20		1,320,355
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*	Lincoln	LVIP Del Fndtn ConservAll SA95		105,234
*	Lincoln	LVIP Del Fndtn AggressAll SA97	↓	52,297

ONESOURCE 401(k)/PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2011

EIN: 75-2569853

Plan number: 333

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Identity of issue, borrower, lessor, or similar party			
	<u>Pooled separate accounts (continued):</u>			
*	Lincoln	LVIP Wish 2020 SAL2	(1) \$	30,297
*	Lincoln	LVIP Wish 2010 SAL1	↓	<u>13,816</u>
		Total pooled separate accounts		59,471,587
	<u>General account:</u>			
*	Lincoln	Guaranteed Interest Account	(1)	<u>1,840,108</u>
				<u>\$ 61,311,695</u>
*	Notes receivable from participants, maturing through June 2022, with interest rates ranging from 4.25% to 10.50%.		-	<u>\$ 2,081,365</u>

* Party-in-interest as defined by ERISA

(1) Cost information may be omitted for plan assets which are participant-directed.